P7750000001

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	9000073867591 -08/28/0201027004 ******35.00 ******35.00
SUBJECT: Church of the Ressurrection Tampa, In	oc ·
(Name of corporation)	-
DOCUMENT NUMBER: N02000002779	
The enclosed Statement of Change of Registered Office/Agent and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	- -
Terri Gotschall	
(Name of person)	,
Church of the Resurrection	TAS C
(Name of firm/company)	O2 A
P.O. Box 10516 (Address)	AUG 28 A CRETARY OL LAHASSEE.
Tampa, FL 33679	AM 9: 25 OF STATE EE. FLORIDA
(City/state and zip code)	
For further information concerning this matter, please call:	A Si
Katherine C. Lake at (813) 222-207 (Name of person) (Area code & daytime telep	2 phone number)
Enclosed is a \$35.00 check made payable to the Department of State.	=
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314 Tallahassee, FL, 32314 Tallahassee, FL, 32300	 - -

CR2E045(07/02)

R.A. Change

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STATEMENT OF CHANGE OF REGISTERED OFFICE'OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	rovisions of sect	ions 607.0502,	, <i>617.0502,</i>	607.1508,	or 617.15	08, Fle	orida Sta	itutes,	
this statement of c	hange is submitte	ed for a corpor	ation organi	zed under	the laws of	f the St	ate of		
Florida	in order to d	change its regi	stered office	or registe	ered agent,	or bo	th, in the	State	
of Florida.									
1. The name of the	e corporation:	Church of	the Res	urrecti	ion Tam	pa,	Inc.		_
2. The principal of	ffice address:	3230 W. Fa	air Oaks	Ave.,	Tampa,	FL	33611	,	_
3. The mailing add	lress (if different): P.O. I	Box 1051	б, Tam <u>r</u>	pa, FL	33.6	79		<u>-</u>
4. Date of incorpo	ration/qualification	on: April	16, 200	2Documer	nt number:	N020	00002	779	_
5. The name and s Florida Departn		he current regis	stered agent a	and registe	ered office	on file	with the		
	Donna L.	Longhouse	=	-		P	SEC P		
_	501 E. K	ennedy Blv	/d., Sui	te 1700)		型		CITA CITA
	Tampa, F	"					552	110.28 HI 0	
6. The name and changed):	street address of		stered agent	(if change	ed) and /or	regist	ered office	SE SE	i
	601 Baysl	nore Blvd.	., Suite	700					
		P.O. Box or personal					**	÷	•
	Tampa, Fl	33606		<u> </u>	-			-	
The street address agent, as changed	will be identical	•					-		
Such change was authorized by the	authorized by res board, or the cor	solution duly a poration has be	dopted by its een notified Kathe	board of in writing	directors of the char				.+
Signature of an officer, ch	airman or vice chairman	of the board)	Patrici	(Printed or typ	ed name and tit	- <i>V</i> (ice Pre	si aev	Li
I hereby accept the further agree to correct the further agree to correct the further agree to make the further agreement. I have a further the further agreement to the fu	comply with the formal in the formal in the comment of this documereby confirm the	provisions of a n familiar with tent is being fil at the corporat	ill Statutes re	elative to the obligation reflect a notified in	he proper ation of my change in writing	and co	ດນັດເ		٠,
f signing on behalf of	ture of Registered Agent)		(Date)				
- organis on oonan or	an ondry,								
(Туре	d or Printed Name)			(C	Capacity)	-			

* * * FILING FEE: \$35.00 * * *