N0200007830

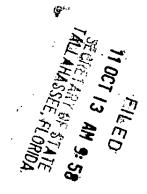
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PICK-UP	WAIT	MAIL
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COVER LETTER

Division of Corporations					
The Frances Hodge Community	Contar Inc				
SUBJECT: The Frances Hodge Community Center, Inc. Name of Corporation					
DOCUMENT NUMBER: N020000078	330				
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:					
Marya Repko Name of Contact Person					
Name of Contact Person	1				
F:/					
Firm/Company					
D O Bay 5000					
P O Box 5033 Address					
Address					
Everaledes City El 24	120				
Everglades City, FL, 34139 City/State and Zip Code					
mrepko@earthlink.ne	<u>t</u>				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Marya Repko at (2	39 \ 695-2905				
Name of Contact Person Area	695-2905 Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
37					
Mailing Address: S Amendment Section A	treet Address: mendment Section				
	Division of Corporations				
	lifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Amendment Section

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida
	he corporation: The F		e Community Cent land, FL, 34137	er, Inc.
3. The mailing a	ddress (if different): P	O Box 456, Cho	koloskee, FL, 34138	
4. Date of incorp	poration/qualification;	10/11/2002	Document number:	N02000007830
	street address of the cur tment of State: (If resign		t and registered office on fi	ile with the
6. The name and (if changed):	resigned street address of the nev	w registered agent (i	f changed) and /or registere	TALLAHASSEE, FLOR
	Bryan, Helen 169 Lopez Lane N Chokoloskee, FL, 3	P.O. Box NOT ac	eptable	
The street addre			dress of the business office	e of its registered agent,
Signatur I hereby accept I further agree t of my duties, and document is bein corporation has	e of an officer of directly the appointment as region o comply with the provid I am familiar with an ing filed merely to reflect been notified in writing and the control of Registered Agent	istered agent and a isions of all statute d accept the obliga t a change in the re	Marya Repko. Marya Repko. Printed or typed name gree to act in this capacity is relative to the proper antion of my position as regi egistered office address, 1 10/10/2 Date	Secretary e and title y, d complete performance stered agent. Or, if this hereby confirm that the
Ту	ped or Printed Name			

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