

No3 0000001202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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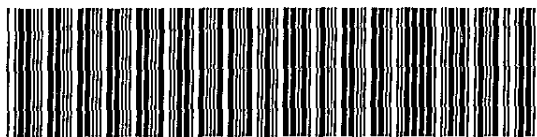
(Business Entity Name)

(Document Number)

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TRANSMIT LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.  
(Name of Person) (Name of Corporation)

DOCUMENT NUMBER: NO 300000 2

The enclosed Resignation of Registered Agent for Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter the following:

REV. JAMES LYNN McDO L  
(Name of Person)

ST. ALBAN'S EPISCOPAL CH  
(Name of Firm/Company)

330 85th AVENUE  
(Address)

ST. PETERS BEACH, FL 32 6  
(City/State and Zip Code)

For further information concerning this matter, please

REV. JAMES LYNN McDOWELL (at ( 360-8406  
(Name of Person) (Telephone Number & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation dissolved or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.050, 607.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, WILLIAM

W. LAIBACH  
Name of Registered Agent

hereby resigns as Registered Agent for ST.

AN'S EPISCOPAL DAY SCHOOL, INC.  
(Name of Corporation)

NO 3000001202  
(Document Number, if known)

A copy of this resignation was mailed to the address of the corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
(Signature of Registered Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administrative dissolution  
withdrawing corporation

\_\_\_\_\_  
dissolved/voluntarily dissolved/  
dissolution

Make checks payable to Florida  
Division of Corporations  
P.O. Box 1630  
Tallahassee, Florida 32314

Department of State and mail to:  
Division of Corporations  
314

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