

NO3000001202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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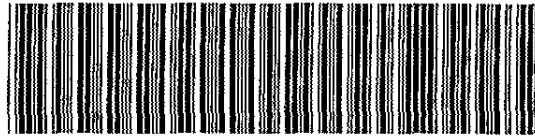
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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PS ~~REG NO3-1202-12/30~~  
12/30/03  
D.K.O.



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 30, 2003

REV. JAMES LYNN MCDOWELL  
ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.  
330 85TH AVE  
ST PETERSBURG BEACH, FL 33706

SUBJECT: ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.  
Ref. Number: N03000001202

We have received your document for ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 703A00069324

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

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

DOCUMENT NUMBER: N03000001202

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:

REV. JAMES LYNN McDOWELL  
(Name of person)

ST. ALBAN'S EPISCOPAL CHURCH  
(Name of firm/company)

330 85th AVE

(Address)

ST. PETE BEACH, FL 33706

(City/state and zip code)

For further information concerning this matter, please call:

REV. JAMES LYNN McDOWELL at ( 727 ) 360-8406  
(Name of person) (Area code & daytime telephone 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

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.
2. The principal office address: 330 85th AVENUE, ST. PETE BEACH, FL 33706
3. The mailing address (if different):

4. Date of incorporation/qualification: 2-12-03 Document number: NO3000001202

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WILLIAM M. LAUBACH
14450 46th STREET NORTH, SUITE 115
CLEAR WATER, FL 33762

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REV. JAMES LYNN MCDOWELL
330 85th AVENUE
ST. PETE BEACH, FL 33706

(P.O. Box or personal mailbox NOT acceptable)

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: [Signature] SECRETARY (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent: [Signature] Rector January 5, 2004 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314