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(Document Number)				
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COVER LETTER

TO: Amendment Division of	t Section Corporations		95
SUBJECT:	Jnited Independent Catholic Chur	ch	
50.502.011	(Name of a	corporation)	- ************************************
DOCUMENT NUM	MBER: N03000001	1676	
The enclosed Statem	ent of Change of Registered Office	ce/Agent and fee are submitted for	r filing. 🐬
Please return all corr	respondence concerning this matte	er to the following:	·
_	John Reev		···
· ·	(Name of co	ontact person)	
- <u></u>		ndent Catholic Church Company)	<u></u>
		rmick Road dress)	
	Bethel Spring	s, TN 38315-4614	
	(City/state a	and zip code)	= '~ 1
For further informat	ion concerning this matter, please	call:	
John Reeves		at (731) 934-9768	
	ne of contact person)	(Area code & daytime tele	phone number)
•	check made payable to the Depart	, , ,	•
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	

CR2E045(6/04)

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

statement of chang	e is submitted for a	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of Florida ered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation:	United Independent Catholic Church, Inc.
The principal office address:		5289 37th Street South
, , рр		St. Petersburg, FL 33711
3. The mailing address (if different):_		441 McCormick Road
		Bethel Springs, TN 38315-4614
4. Date of incorpor	ation/qualification	: 02/25/2003 Document number: N03000001676
	reet address of the	current registered agent and registered office on file with the
	Rev. Mr. Daniel I	Little
	5289 37th Street	South
	St. Petersburg, F	FL 33711
6. The name and st (if changed):	reet address of the	new registered agent (if changed) and /or registered office s Legal Services, Inc.
	Registered Agents	s Legal Services, Inc.
_1	333 Duval Street	
		(P.O. Box NOT acceptable)
	Fallahassee, FL 3	2303
The street address as changed will be	of its registered of identical.	office and the street address of the business office of its registered agent,
Such change was a	authorized by reso loard, or the corpo	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.
Mill	of an efficer or director)	John R. Reever Pres
· ·		registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the iting of this change.
4/1	W. ahl.	1/5/05
(Signal	ure of Registered Agent)	Michael (Date)
If signing on beha	If of an entity:	
MICHAN		LEY
(Турк	ed or Printed Name)	

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