## N05000002405

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	<del>,</del> #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



200240001332

09/28/12--01006--017 \*\*35.00

SECRETARY OF STATE

PA Chans

OCT 1 2 2012

T. LEWIS

## COVER LETTER

TO: Amendment Section

Division of Corporations

**GARDEN AVE CHURCH** 

Name of Corporation

NO5000002405

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:

TED GALANSKI

Name of Contact Person

**GARDEN AVE CHURCH** 

Firm/Company

5609 GARDEN AVE

WEST PALM BEACH, FL, 33405

City/State and Zip Code

GFTOLORD@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TED GALANSKI

Name of Contact Person

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 2661 Executive Center Circle

Street Address:

**Amendment Section Division of Corporations** 

Clifton Building

Tallahâssee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2012

TED GALANSKI GARDEN AVE CHURCH INC. 5609 GARDEN AVE WEST PALM BEACH, FL 33405

SUBJECT: GARDEN AVE CHURCH INC.

Ref. Number: N05000002405

We have received your document for GARDEN AVE CHURCH INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you are changing the registered agent/office, please correct #5 and list the new agent in #6.

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) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 012A00024581

RECEIVED 12 OCT 12 AM 8: 20 OVE SEL THE SERVING SERVIN

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

statement of cha	provisions of sections mge is submitted for a r to change its registe	corporation orga	mized under the	laws of the State of	FLORIDA	_
			_	voin, in the state of	rioriaa.	
	the corporation: GAF office address: 5609			PALM BEACH	,FL. 33405	
3. The mailing a	ddress (if different):_				· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification:	3/10/2005	Docume	ent number: NO50	000002405	
	I street address of the tment of State: (If res			tered office on file v	with the	
	<u> </u>			-	_	•
				<del>,</del>		
		·	(	Resigned	SECRETAL SECRETA	-
6. The name and (if changed):	street address of the		,	and /or registered o	CT 12 PH	m
	5609	ended P.O. Box NO	que T acceptable		3:54 STATE FLORIDA	0
	Wast Pal	m Beech	Fl 3.	3405	_	
The street addre	ess of its registered of be identical.	fice and the street	address of the	business office of	its registered age	nt,
Such change wa authorized by th	is authorized by resolute board, or the corpo	ution duly adopte ration has been no	d by its board o otified in writir	of directors or by an	officer so	
_ Sed	re of an officer or director	<del>-</del>		ANSKI,PRES		_
•	the appointment as re to comply with the pro my duties, and I am f is document is being f that the corporation I	egistered agent ar syisions of all stat amiliar with and d filed merely to ref has been notified				
Lul	Le L	<u>.                                    </u>		9/25/12		-
If signing on bel	half of an entity:			′ /		
TED GALAI	-					
T	ned or Printed Name	<del></del>				

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

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