

N41150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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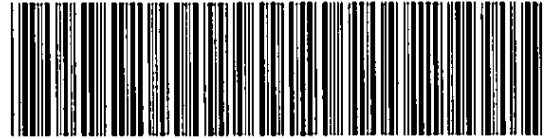
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The First Presbyterian Church of Stuart, FL
Name of Corporation

DOCUMENT NUMBER: NT 1150

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:

John Friede
Name of Contact Person

The First Presbyterian Church of Stuart, FL
Firm/Company

1715 NW PineLake Dr
Address

Stuart FL 34999
City/State and Zip Code

Johnfriede70@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Friede at (772) 285-6466
Name of Contact 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: The First Presbyterian Church of Stuart, FL
2. The principal office address: 1715 NW Pinelake Dr
Stuart FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/2/1990 Document number: N41150
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
STACKS, Don Winslow, PhD
10410 S Ocean Dr #302
Jensen Bch, FL 34957 Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Friede, John
2052 SE Giffen Ave
P.O. Box NOT acceptable
Port St Lucie FL 34952

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.

John Friede
Signature of an officer or director

John Friede - 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.

John Friede
Signature of Registered Agent

2/16/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)