

NS6746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

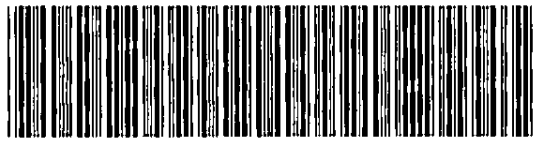
(Business Entity Name)

(Document Number)

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OCT 17 2018

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19 OCT 15 PM 4:48
CLERK OF SUPERIOR COURT

RIA-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2018

VALERIE DESAUTEL
FIRST UNITED METHODIST CHURCH
37628 CHURCH AVENUE
DADE CITY, FL 33525

SUBJECT: THR FIRST UNITED METHODIST CHURCH OF DADE CITY,
FLORIDA, INC.
Ref. Number: N50206

We have received your document 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.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 318A00019936

2018 OCT 15 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thr First United Methodist Church of C
Name of Corporation

DOCUMENT NUMBER: N-50206

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:

Valerie Desautel
Name of Contact Person

First United Methodist Church
Firm/Company

37628 Church Avenue
Address

Dade City, FL 33525
City/State and Zip Code

Valerie.desautel@1stmethodist.org ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Desautel at (352) 567-5604
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Thr First United Methodist Church of Dade City, Florida, Inc.
2. The principal office address: 37628 Church Avenue
Dade City, FL 33525
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 30, 1992 Document number: N50206

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)

Johnson, Leonard H

Barnett, Bolt, Kirkwood, Long & Koche, PA
601 Bayshore Blvd Suite 700
Tampa, FL 33606

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

Johnson, Leonard H
401 E. Jackson Street, Suite 2400
P.O. Box NOT acceptable
Tampa, FL 33602-5236

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18 OCT 15 PM 4:40

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.

Dr. James O Renault
Signature of an officer or director

Dr. James O. Renault D
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]
Signature of Registered Agent

9/17/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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