

19500005205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

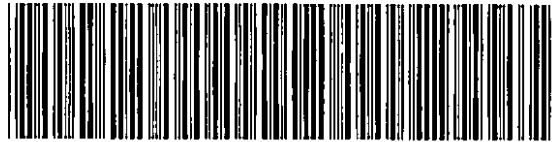
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIRST UNITED METHODIST CHURCH OF GAINESVILLE, FLORIDA, INC
Name of Corporation

DOCUMENT NUMBER: N95000005205

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

F. Parker Lawrence

Name of Contact Person

Firm Company

4110 NW 37th Place, Suite B

Address

Gainesville, FL 32606

City, State and Zip Code

parker@adamleelaw.com

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

For further information concerning this matter, please call

Andrew Evans, PhD

352 284-9600

Name of Contact Person

at

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
2601 Executive Center Circle
Tallahassee, FL 32301

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

I, the undersigned, do hereby certify that on this 31st day of October, 1995, at the City of Gainesville, State of Florida, I am the duly authorized officer or agent of the corporation named below, and I am authorized to execute this statement of change of registered office or registered agent or both in the State of Florida.

The name of the corporation FIRST UNITED METHODIST CHURCH OF GAINESVILLE, FLORIDA, INC.
The principal office address 419 NE FIRST ST.
GAINESVILLE, FL 32601

The mailing address, if different, is _____

4 Date of incorporation and location Oct. 31, 1995 Document number N95000005205

5 The street address of the current registered agent and registered office on the date of this filing is _____ and _____

4509 NW 23RD AVENUE

SUITE 13

GAINESVILLE, FL 32606

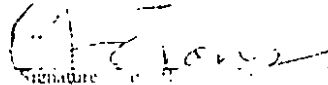
6 The name and street address of the new registered office and/or registered agent to be effective _____

4110 NW 37th Place, Suite B

Gainesville, FL 32606

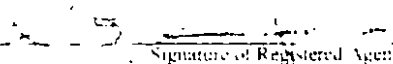
7 The street address of its registered office and the street address of the business office of its registered agent, if different, will be indicated.

8 The change of office or registered agent is authorized by the board of directors or by an officer so authorized by the board of directors or by two other authorized officers of the change.


Signature _____

Andrew Evans, Chair of Trustees

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am authorized to execute this statement of change of registered office or registered agent or both in the State of Florida.


Signature of Registered Agent _____

12/1/95

Date

Print name of the officer or agent

F. Parker Lawrence

STATE OF FLORIDA

Department of Banking and Finance
Miami Office, 1100 Biscayne Blvd., P.O. Box 627, Fort Lauderdale, FL 33324