N96000000056

(Requestor's Name)				
(Address)				
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	filing Officer:			

Office Use Only



300389426183

06/15/22--01010--028 **35.00



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SEP 0.2. 2022

D CUSHING

COVER LETTER

Amendment Section

TO:

Name of Contact Person	Area Code & Daytime Tele	phone Number
RUTH WADMAN at (750-1010	ç,
For further information concerning this matter, please call:		5 5 E
E-mail address: (to be used for future annual report notif	ication)	2022 JUN
officemanager@stgeorge-episcopal.net		072
City/State and Zip Code		~ ~2
THE VILLAGES FL 32159		
Address		
1250 PAIGE PLACE		
Firm/Company		
ST. GEORGE EPISCOPAL CHURCH		
Name of Contact Person		
RUTH WADMAN		
Please return all correspondence concerning this matter to the	following:	
The enclosed Statement of Change of Registered Office/Agen		filing.
		_
DOCUMENT NUMBER: N9600000056		
Name of Corporation		_
SUBJECT: ST. GEORGE EPISCOPAL CHURCH, INC		
·		
Division of Corporations		

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 Tallehavene

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Stati organized under the laws of the State of <u>FLO</u> registered agent, or both, in the State of Flori	ORIDA	
1. The name of t	the corporation: ST. GEORGE EPISC	COPAL CHURCH		
2. The principal	office address: 1250 PAIGE PLACE	E		
THE VILLAGES	5, FL 32159			
3. The mailing a	iddress (if different): SAME AS ABO	OVE		
4. Date of incorp	ooration/qualification:	Document number: N9600000005	56	
	d street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	he	
	HAYES, TOM			
	1250 PAIGE PLACE			
	THE VILLAGES, FL 32159		C)	207
6. The name and (if changed):	l street address of the new registered	d agent (if changed) and /or registered office	<u>:-</u> ,	2 1111
	TAYLOR, JAMES E.		•	رن ن :
	1250 PAIGE PLACE			FF 9
	P	O. Box NOT acceptable		. — —
	THE VILLAGES, FL 32159			• 1
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its re-	gister	red agent,
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an offi en notified in writing of the change.	icer so	0
Ruth	Was of second	RUTH WADMAN, TREASURER		
Lhereby accept	the appointment as registered age	Printed or typed haine and title and agree to act in this capacity. It statutes relative to the proper and complete obligation of my position as registered ago in the registered office address, I hereby capage.	te per gent. onfiri	formance Or, if this n that the
Kev : HO	nature of Registered Agent	0 V - +V + + Date		
If signing on be	chalf of an entity:			
ST. GEORGE E	PISCOPALCHURCH, INC.			
Т	yped or Printed Name			

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