

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

20-35-16-02366-031

Clerk's Office Stamp

Inst. 201312011793 Date: 8/2/2013 Time: 12:08 PM
D.P. DeWitt Cason Columbia County Page 1 of 2 B.1259 P.362

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description). SHACKED
a) Street (job) Address 256 NW CAROL PL LAKE CITY, FL 32055
2. General description of improvements BATHROOM ADDITION
3. Owner Information
a) Name and address EVANGELISTIC DELIVERANCE MIRACLES REVIVAL CENTER, Inc.
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property 100%
4. Contractor Information
a) Name and address ROBERT OGLES
b) Telephone No. 386-364-1838 Fax No. (Opt.) _____
5. Surety Information
a) Name and address _____
b) Amount of Bond _____
c) Telephone No. _____ Fax No. (Opt.) _____
6. Lender
a) Name and address _____
b) Phone No. _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
a) Name and address _____
b) Telephone No. _____ Fax No. (Opt.) _____
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:
a) Name and address _____
b) Telephone No. _____ Fax No. (Opt.) _____
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

X 10. [Signature]
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

John Dye
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 2 day of August, 2013, by JOHN DYE as PASTOR (type of authority, e.g. officer, trustee, attorney fact) for EVANGELISTIC DELIVERANCE MIRACLES REVIVAL CTR, Inc. (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification _____ Type FLDL

Notary Signature [Signature] Notary Stamp or Seal



---AND---
11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

X [Signature]
Signature of Natural Person Signing in line #10 above