759267

| (Re | equestor's Name) | |
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| , (Ad | ddress) | |
| (Ad | ldress) | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AND ANASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

| Division of Corporations | | |
|--|---------------------------------------|---|
| NAME OF CORPORATION: First Baptist C | hurch of | f Carrollwood, Inc. |
| DOCUMENT NUMBER: 759267 | - . | . , , , , , , , , , , , , , , , , , , , |
| The enclosed Articles of Amendment and fee are submitted for | · filing. | |
| Please return all correspondence concerning this matter to the f | ollowing: | |
| Robin Singleton | | |
| | of Contact Persor | n) |
| Carrollwood Baptist Chur | ch | |
| (Fire | m/ Company) | |
| 5395 Ehrlich Rd | | |
| | (Address) | |
| Tampa, FL 33625 | | |
| (City/ St | ate and Zip Code | e) |
| robinsingleton@tan E-mail address: (to be used for future | | |
| For further information concerning this matter, please call: | | |
| Robin Singleton | _{at (} 813 | 962-3214 |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to | the Florida Depa | artment of State: |
| | ed Copy tional copy is | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |



October 30, 2012

ROBIN SINGLETON CARROLLWOOD BAPTIST CHURCH 5395 EHRLICH RD TAMPA, FL 33625 US

SUBJECT: FIRST BAPTIST CHURCH OF CARROLLWOOD, INC.

Ref. Number: 759267

We have received your document for FIRST BAPTIST CHURCH OF CARROLLWOOD, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6820.

Rebekah White Regulatory Specialist

Letter Number: 612A00026517



Articles of Amendment

Articles of Incorporation

FILED First Baptist Church of Carrollwood, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 759267 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

| amendment(s) to its Articles of Incorporate A. If amending name, enter the new na | | ation: | | |
|---|-------------------|---------------------------|------------------------------|--------------|
| N/A | | | | The ne |
| name must be distinguishable and contain "Company" or "Co." may not be used in | | ation" or "incorporated | or the abbreviation "Cor | |
| B. Enter new principal office address, | f applicable: | N/A | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | | ^{∑)} N/A | | |
| | · | N/A | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | |
| | | N/A | | |
| | | N/A | | |
| D. If amending the registered agent and new registered agent and/or the new | registered office | address: | enter the name of the | |
| Name of New Registered Agent: | DeWan, c | Jack | | |
| | 15323 W | Pond Woods | Dr | |
| New Registered Office Address: | | (Florida street address) | | |
| | Tampa | | , Florida 33618 | |
| | (City, |) | (Zip Code) | |
| New Registered Agent's Signature, if ch hereby accept the appointment as registe | | | he ahliaations of the positi | On |
| toy accept the appointment as registe | | leWan | | <i>21•</i> • |
| Sign | | stered Agent, if changing | | |

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary) >

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | PT John I V Mike J SV Sally S | ones | |
|--|---|--------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | PD | Elvin Phillips | 3310 Del Prado Ct Tampa, FL 33614 |
| X Remove 2) X Change | PD | DeWan, Jack | 15323 W Pond Woods Drive |
| Add | VT | Reynolds, Ben | Tampa, FL 33618 7518 Oakvista Circle |
| 3) Change Add Remove | <u>V 1</u> | regriolog, Den | Tampa, FL 33634 |
| 4) Change Add | <u>VT</u> | Barnes, John | 6816 River Blvd Tampa, FL 33604 |
| X Remove 5) Change X Add | VT · | Fleming, Ray | 10102 Tarpon Springs Rd Odessa, FL 33556 |
| Remove 6) Change X Add | <u>VT</u> | Kummelman, Michael | 1224 Wyndham Lakes Drive Odessa, FL 33556 |
| Remove | | Page 2 of 4 | |

| If amending or adding additional A (attach additional sheets, if necessary) | (Be specific) | |
|---|---------------|--|
| I/A | | |
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| The date of each amendment | (s) adoption: September 19, 2012 | |
|---|--|---|
| Effective date <u>if applicable</u> : | September 19, 2012 | |
| <u></u> | (no more than 90 days after amendment file date) | _ |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| There are no members or adopted by the board of c | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| Dated | 10/24/12 | |
| Signature(By the | chairman or vice chairman of the board, president or other officer-if directors | _ |
| have n | ot been selected, by an incorporator - if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | ack DeWan | |
| .0. | (Typed or printed name of person signing) | |
| Tres | sident of Trustees | |
| | (Title of person signing) | |