N02000003745

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Bethel Baptist Churc NAME OF CORPORATION:	h of Lake Placid, Inc.
N02000003745	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subr	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Brian Baker	
	(Name of Contact Person)
Landmark Baptist Church Inc. Of Haines City, FL	
	(Firm/ Company)
2020 E Hinson Ave.	
	(Address)
Haines City, FL 33844	
	(City/ State and Zip Code)
financial@landmarkbaptistchurch.org	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Brain Baker	863-422-2037
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Bethel Baptist Church Of Lake Placid, Inc		
Name of Corporation as currently filed with the Florida	Dept. of State)	
N02000003745	11.70	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name of the corpora	stion:	The new
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the ab	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u>)	
		20 7
		2021 OC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Landmark Baptist Church	CT 22
	2020 E Hinson Ave	
	Haines City, FL 33844	99
D. If amending the registered agent and/or registered off		ພ
new registered agent and/or the new registered office Barry E		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
	(Florida street aa	ldress)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for		

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 <math>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 De V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	PD	Sean R Wyland	1809 Citadel St Lake Placid, FL 33852
2) Change Add	<u>s</u>	Ida N Wyland	1809 Citadel St Lake Placid, FL 33852
X Remove 3) Change X Add Remove	<u>D</u>	Victor R Grafton. Sr.	2020 E Hinson Ave Haines City, FL 33844
4) Change Add	D	Randolph A Smith	2020 E Hinson Ave Haines City, FL 33844
Remove 5) Change	<u>D</u>	Wallace A Roberts	2020 E Hinson Ave Haines City, FL 33844
Remove 6) Change Add	<u>D</u>	Michael R Willis	2020 E Hinson Ave Haines City, FL 33844
(attach additional shee	is, if necessary).	D	

Retain Officer, Clif	ford Ray, 3063 Oleandr Dr., Lake Placid, FL 33852 but change designation from TD to D	
	n Conklin, 1030 Lake Carrie Dr., Lake Placid, Fl. 33852 but change designation from Trustee to	
—	Conkin, 1030 Lake Carrie Dr., Lake Flacid, Fr. 33632 but change designation from France to	
		
		
		<u>.</u>
		
		
		.
		-
		
		
		
The date of each ar date this document v	\	if other than th
	olicable:	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	(Typed or printed name of person signing)
	Barry E Parsons
	(By the chairman or sice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Signati	are Duny Vaccel
Dated	October 13, 2021

(Title of person signing)