

NO5000006322

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(Address)

(City/State/Zip/Phone #)

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Amend

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10 OCT -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 07 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2010

DENNIS PAWLOWSKI
TRINITY SPECIAL SPORTSMAN MINISTRIES
723 W RUSSELL DR
PLANT CITY, FL 33563

SUBJECT: TRINITY SPECIAL SPORTSMAN MINISTRIES, INC.
Ref. Number: N05000006322

We have received your document for TRINITY SPECIAL SPORTSMAN MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page (1) of your document with the name of your corporation and document number.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 210A00021370

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: TRINITY SPECIAL SPORTSMAN MINISTRIES

DOCUMENT NUMBER: 85-8013519611C-6 OR

ETIN 30-0325515

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENNIS PAWLOWSKI

(Name of Contact Person)

TRINITY SPECIAL SPORTSMAN MINISTRIES

(Firm/ Company)

723 W. RUSSELL DR

(Address)

PLANT CITY, FL 33563

(City/ State and Zip Code)

pawlowski201@aol.com

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

For further information concerning this matter, please call:

BOB ADAMS

(Name of Contact Person)

at (813) 817-4829

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: TRINITY SPECIAL SPORTSMAN MINISTRIES

DOCUMENT NUMBER: NO500000 6322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENNIS PAWLOWSKI

(Name of Contact Person)

TRINITY SPECIAL SPORTSMAN MINISTRIES

(Firm/ Company)

723 W RUSSELL DR

(Address)

PLANT CITY, FL 33563

(City/ State and Zip Code)

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Tallahassee, FL 32314

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TRINITY SPECIAL SPORTSMAN MINISTRIES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N05000006322

(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 Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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10 OCT -7 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>OTC</u>	<u>RICHARD MEECHUM</u>	<u>LEE ST</u> <u>PLANT CITY, FL</u> <u>33563</u>	☐ Add ☒ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 10/1/10
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/2/10

Signature [Signature]
(By the chairman or vice 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)

DENNIS PAWLOWSKI
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)