



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Calvary Open Bible Community Church Inc.

DOCUMENT NUMBER: N05000010229

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

Please return all correspondence concerning this matter to the following:

Laval T. Hines

(Name of Contact Person)

Calvary Open Bible Community Church

(Firm/ Company)

PO Box 13630

(Address)

Port St Lucie Florida 34979-3630

(City/ State and Zip Code)

Lovely2493@aol.com

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

For further information concerning this matter, please call:

Laval T. Hines

(Name of Contact Person)

at ( 786 ) 663-3007

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Calvary Open Bible Community Church

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000010229

(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:**

*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)

2195 SE Airoso Blvd

Port St Lucie

Florida 34984

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 13630

Ft. Pierce

Florida 34979-3630.

**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:

Laval T. Hines

New Registered Office Address:

2195 SE Airoso Blvd.

(Florida street address)

Port St. Lucie

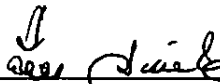
(City)

Florida 34984

(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

FILED  
09 MAY 11 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>Presid.</u>	<u>Karl A Francis</u>	<u>8900 Stirling Road</u> <u>Hollywood</u> <u>Florida 33024</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Presid.</u>	<u>Laval T. Hines</u>	<u>457 NW Dover Ct</u> <u>Port St. Lucie</u> <u>Florida 34983</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vice P.</u>	<u>Laval T. Hines</u>	<u>8900 Stirling Road</u> <u>Hollywood</u> <u>Florida 33024</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>Vice President</u>	<u>Constance Hines</u>	<u>457 NW Dover Ct, Port St Lucie Florida 34983</u>	<u>( Add)</u>
<u>Treasurer</u>	<u>Constance Hines</u>	<u>8900 Stirling Road , Hollywood Florida 33024</u>	<u>(Remove)</u>
<u>Treasurer</u>	<u>Kirk Bucknor</u>	<u>5148 Cherry Parkway Port St. Lucie Florida 34981</u>	<u>(Add)</u>
<u>Secretary</u>	<u>Violet Gordon</u>	<u>402 Stratford Lane Port St. Lucie Florida 34983</u>	<u>(Add)</u>

The date of each amendment(s) adoption: May 2, 2009

Effective date if applicable: May 11, 2009  
(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 May 5, 2009

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)

Laval T. Hines

(Typed or printed name of person signing)

President

(Title of person signing)