N05000010229

(Requestor's Name)
(Address)
•
(Address)
,
(Cit. (Chata IZia IZia IZia ana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:





100156443871

06/04/09--01026--028 **35.00

TILED

2009 JUN -4 PM 2: 2

SECRETARY OF STATE ALLAHASSEF, FI ORIF

Amend
TB 6/8/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Calvary Open	Bible Community Churc	h Inc.
DOCUMENT NUM	BER: N05000010229		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		al T. Hines	
	(Name of	Contact Person)	
		e Community Church Inc.	
	(Firm	n/ Company)	
		Box13630	
	(1	Address)	
		lorida 34979-3630	
	(City/ Sta	te and Zip Code)	
		493@aol.com d for future annual report notifica	tion)
For further information	on concerning this matter, please	e call:	
Laval T. Hines	·	at (786)_663-3007	
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department	of State:
S35 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	FILE
2009	FILED
TALLAE	IUN-4 PM 2: 25 SSEE, FISTATE
ate)	SSEE. FI DATE

Calvary Open Bible Community Church Inc.

- JA 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
the Florida Dept. of State)
·····
tion (if known)
s, this Florida Not For Profit Corporation adopts
on:
l "corporation" or "incorporated" or the the the used in the name.
2195S.E Airoso Blvd
Port St. Lucie
Florida 34983
P.O Box 13630
Ft. Pierce
Florida 34979-3630
address in Florida, enter the name of the dress:
val T. Hines
NW Dover Ct
ida street address)
rt St. Lucie , Florida 34983
(City) (Zip Code)
gent:
familiar with and accept the obligations of the
Registered Agent, if changing

Page 1 of 3

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>	Address	Type of Action
Secret	Dyrie Francis	8900 Stirling Road Hollywood Florida 33024	☐ Add ☐ Remove
	•		Add Remove
+			
E. If amend	ling or adding additional Articled ditional sheets, if necessary).	es, enter change(s) here: Be specific)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

The date of each amendmen	t(s) adoption: May 2,2009
Effective date <u>if applicable</u> :	May 11,2009
effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_May	5,2009
Signature	La duela
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	Laval T. Hines
	(Typed or printed name of person signing)
	President
	(Title of person signing)