

N05000010229

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2009 JUN -4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

6/8/09

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 Inc.
(Firm/ Company)

P.O. Box13630
(Address)

Ft. Pierce 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 at (786) 663-3007
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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 Inc.

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

N05000010229

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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**)*

2195S.E Airoso Blvd

Port St. Lucie

Florida 34983

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:

457 NW Dover Ct

(Florida street address)

Port St. Lucie

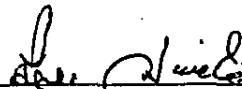
(City)

Florida 34983

(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

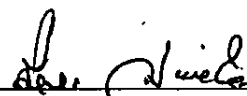
The date of each amendment(s) adoption: May 2, 2009

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)