## N0600012318

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TALLAHASSEE, FLORIDA

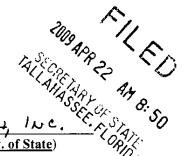
Amend & N/C TB 4-27-09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: <u>CARING</u>	CHRIST LUTHERA	N CHURCH INC
DOCUMENT I	NUMBER: NOLOGO	12318	
The enclosed A	rticles of Amendment and fee a	re submitted for filing.	
Please return all	correspondence concerning thi	s matter to the following:	
_	MARY GE	CISWOLD of Contact Person)	
_	CARING CHRIST LI		INC.
	2066 Sunset Pola		
For further info	CLEARWATER (City/ St	tate and Zip Code)	
MARY	ame of Contact Person)	at ( 727 ) 573-4 (Area Code & Daytime	ヌス <b>9</b> Telephone Number)
Enclosed is a ch	eck for the following amount m	nade payable to the Florida Dep	partment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn Division P.O. Box	Address nent Section of Corporations 6 6327 see, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

## Articles of Amendment to Articles of Incorporation of



of	A1145494	A4 8.
CARING CHRIST LUTHERAN CHURCH, 11	٠٤. ٣٠٠	557 50
(Name of Corporation as currently filed with the Florida Dept. of St	ate)	OFICE
NO60000 12318		A
(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 na	ime, enter the new nam	e of the corporation:

TRIDITY LUTHERAN CHURCH OF TRIDITY FLORIDA INC.

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)

  TRIVITY FL 34655
- C. Enter new mailing address, if applicable:
  (Mailing address MAY BE A POST OFFICE BOX)

  PMB #135

  3152 Little RD.

  TRINITY FL 34455
- 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:

MARC NAUMAN

17901 SOUTER LANE

(Florida street address)

LANDO'LAKES, Florida 34638

(City) (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

•	removed a	and title, name, and address of each Oditional sheets, if necessary)		rector being
	<u>Title</u>	<u>Name</u>	Address	Type of Action
	PRES	GARY TROUT	2673 CLUBHOUSE DR. CLEARWATER FL 33761	Add Remove
	<u>VP</u>	CINDY DEREVIANIK	29454 CROSSLAND DR LUCSLEY CHAPEL FL 33543	Add Remove
(0)	PRES	LIM WEIDNER	16839 CENTRALPARKAN NEW PORT RICHEY FO 34655	Add Remove
	SEEATT	ACHE & SHEET		_
		nding or adding additional Articles, en additional sheets, if necessary). (Be sp		

2673 CLUBHOUSE CLEARWATER FL 33761 GARY TROUT

The date of each amendment	s) adoption: FEBRUARY 8, 2009
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or madopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated <u>4</u>	-13-09
Signature 7	the chairman or vice chairman of the board, president or other officer-if directors
(By	the chairman or vice chairman of the board, president or other officer-if directors
	not been selected, by an incorporator - if in the hands of a receiver, trustee, or
othe	r court appointed fiduciary by that fiduciary)
	MARY GLENN GRISWOLD
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

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