NII 00000 7613

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
To Reflect NC
J. HORNE
JUN 2 8 2022
Toact

Office Use Only



300384498533

04/01/22--01019--023 **35.00

300384498538 06/28/22--01020--002 **8.75

SECRETARY OF STATES

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ANCHOR BAPTIS	ST CHURCH, INC.	
DOCUMENT NUM	1BER: N11000007613	· · · · · · · · · · · · · · · · · · ·	-
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this man	tter to the following:	
	David Thomason		
		Name of Contact Person	1
	Anchor Baptist Church		
		Firm/ Company	
	PO Box 543		
		Address	
	Brooksville, FL 34605		
		City/ State and Zip Code	2
	wehaveananchor@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Dave Thomason		at (352	de & Daytime Telephone Number
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	hailing Address mendment Section ivision of Corporations O. Box 6327	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303



April 18, 2022

DAVID THOMASON PO BOX 543 BROOKSVILLE, FL 34605 US

SUBJECT: ANCHOR BAPTIST CHURCH, INC.

Ref. Number: N11000007613

We have received your document for ANCHOR BAPTIST CHURCH, 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):

In order to file your document, the subject entity must first be reinstated.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2014 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

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) 245-6050.

Letter Number: 022A00009055

Jasmine N Horne Regulatory Specialist II

Articles of Amendment to Articles of Incorporation

FIL	ED
2022 JUH 28	AH 11
SECRETARY TALLAHASSEE	0F Sidir

OF SECRETARY SECRETARY
ALICHOR BARDET CHURCH LIC SECRETARY OF
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
ANCHOR BOOTST CHURCH OF BROOTSTILLS / NC - The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
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.
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ALCHOR BOYTIST CHURCH OF PROXILLE
PUBDY 545
POBOX 543 BROXSVILLE, GL 34605-0543
2. 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: 12010 S. HOMASON
10361 YELLOW HAMMER RO
New Registered Office Address: New Registered Office Address:
BROKSVILLE, Florida 34614 (City) (Zip Code)
(City) (Zip Code)
iew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
A larral L. Minner
Signature of New Registered Agent, if chapping

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:

Evample:

Changes should be noted in the following manner. Currently John Floe is listed as the PST and Mike Jones is listed as the V. There is a change. Vike Jones the corporation, Sally Smith is natively and S. These should be noted as John Floe. P.Las a "home. Mike Jones, V. as Romove, and Yally Smith. SV as an Add.

X Change	<u>P4</u>	<u>John Doc</u>	
5 Remove	<u>\C</u>	Mike Jones	
<u>. X</u> Add	<u>SX</u>	Sally Smith	
Type of Action (Check One)	Tule	Name	<u>Addres</u> s
1)Change	P	David S. Thomason	10361 Yellow Hammer Rd
X Add			Brooksville, FL 34614
Remove			
2) Change	V	Wayne Merritt	24459 Mae Hight Rd.
X Add			Brooksville, FL 34601
Remove 3) Change	T	Joyce Merritt	24459 Mae Hight Rd.
XAdd		<u></u>	Brooksville, FL 34601
Remove			
4) Change	<u>S</u>	Michelle Thomason	10361 Yellow Hammer Rd.
X Add			Brooksville, FL 34614
Remove			
St Change	<u>D</u>	Ray Woodward	3415 N.E. 10th St.
Add			Ocala, FL 34470
X Remove			
10 Change	D	Dan DeBias	25387 Tortoise Tr
Add		<u> </u>	Brooksville, FL 34601
X Remove			

^{* (}thach additional sheets at accessary)

Please note the officer director title by the first letter of the office title.

P = President(V - 1) for the state V = I reasoner S = Secretory(P) = Director(IR) = I this least the first length of V = I and officer director holds more than one title, list the first length of the director holds more than one title, list the first length of the director would be PID = I.

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:

· Strack additional sheets, it necessary -

Example:

Please note the officer director title by the first letter of the office title.

 $P = P_{\rm CS}$ adem $A = V_{\rm CC}$ Prestated $A = V_{\rm CS}$ are $N = N_{\rm CS}$ regions $A = V_{\rm CS}$ (boundary or $V_{\rm CS}$) and $A = V_{\rm CS}$ (but the first letter of each office held President, Treasurer, Director would be PTD)

Changes should be noted in the following manner. Corrently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change. While Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc. PT as a Change, Mike Jones V as Romove, and Sally Smith, SU as an Add.

X Change	<u>1°1 - John</u>	<u>Doc</u>	
<u>X</u> Remove	<u>y</u> <u>Mik</u>	: Jones	
<u>X</u> Add	<u>SY</u> <u>Salty</u>	Smith	
Type of Action (Check One)	<u>Tule</u>	Name	Address
1) Change	D	Ryan Mercer	25351 Tortoise Tr
Add X Remove			Brooksville, FL 34601
2) Change			
Add Remove Change Change			
Add Remove 4) Change Add			
Remove Change Add			
Remove Change			
Add			

·		 -	<u></u>
·			
			 -
			
			
		_	
		- 	
			**-
			
		,	
		<i>i.</i> 1	
771		2/6/22	
The date of each amendment(s) adoption date this document was signed.	on:		, if other than the
Effective date if applicable:	(no more than 90 days after amo	endment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statute		Il not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the numbe	r of votes east for the amendment(s)

Dated	6/28/22
Signature :	Dund & Sternin
(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)
	DAVID S. THOMADA!
•	(Typed or printed name of person signing)
	ARESIDENT
	(Title of person signing)