N09000008508

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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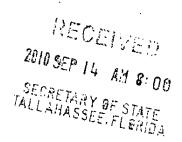
SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations



August 18, 2010

David A. Tristani Dockside Community Church 404 Marjon Ave. Dunedin, FL 34698

SUBJECT: DOCKSIDE COMMUNITY CHURCH INC.

Ref. Number: N09000008508

We have received your document for DOCKSIDE COMMUNITY CHURCH INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 810A00019810

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Dockside Com	munityChurch Inc.	
DOCUMENT NUN	ивек: <u>N0900008508</u>		
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
		I A. Tristani	
	(Name of	Contact Person)	
	Dockside C	ommunity Church	
	(Firm	/ Company)	
	404 N	farjon Ave.	
	(A	Address)	
		din Fl 34698	
	(City/ Stat	te and Zip Code)	
		e01@gmail.com d for future annual report notific	eation)
For further informa	tion concerning this matter, please	e call:	
David A. Tristan		at (727)_733-248	
(Nan	ne of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	nt 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)
Am Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center	ions

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

1918 SEP 14 PM 12: 24

Dockside Community Church Incecherary of State (Name of Corporation as currently filed with the Florida Dept. of State) N0900008508 (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:

plicable: ET ADDRESS)	
	s in Florida, enter the name of t
registered office address istered office address;	in Florida, enter the name of t
	<u></u>

Signature of New Registered Agent, if changing

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
Directo	Jim Gingras	12832 W Gorda Cir Largo Fl 33773	Add Remove
<u>Direct</u>	Stephanie Gingras	12832 W Gorda Cir Largo Fl 33773	
Direct	Mark Richards	2075 N Highland Apt E15 Clearwater Fl 33755	✓ Add ☐ Remove
E. If amendin (attach addi	g or adding additional Articles, enter tional sheets, if necessary). (Be specificational sheets)	<u>change(s) here</u> : îc)	
<u></u>			

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
Directo	Tony Kratz	400 Glennes Lane Apt 203 Dunedin Fl 34698	
Directo	William Hamilton	600 Wildwood Way Apt 109 Clearwater Fl 33756	Remove
E. <u>If amen</u>	ding or adding additional Articles	, enter change(s) here:	
(attach a	dditional sheets, if necessary). (B	e specific)	
	 -		

The date of each amendmen	t(s) adoption: 8/11/10
	(date of adoption is required)
	(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 8/1	1/10
ha	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	David A. Tristani
	(Typed or printed name of person signing)
	President / Chairman
	(Title of person signing)