(Re	equestor's Name)	·
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
JUK	1	
	Office Use Or	



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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

1/4/77	CO METUDALST	CHUNI DEMAKE TAK
NAME OF CORPORATION:UN]/E	SU MEHOUS	CHURCH RENACER, INC
DOCUMENT NUMBER: 70989	7	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Doublas W Buss (Name	of Contact Person)	<del></del>
EAST NAPLES U	<i>NITED METHODIS</i> irm/Company)	T CHURCH
2701 AIRPORT	ROAD South (Address)	
NAPLES, FL. (City)	34/12 - 48/7 State and Zip Code)	<del></del> _
Douge ENAPLES. OF E-mail address: (to be to	g 6 used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
	at (_ <u>239</u> )	774 - 4696
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amount made	le payable to the Florida Dep	artment of State:
□\$35 Filing Fee   □\$43.75 Filing Fee & Certificate of Status	X \$43.75 Filing Fee of 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 Addres Amendment So Division of Co Clifton Buildir 2661 Executive	<u>s</u> ection rporations

Tallahassee, FL 32301



# East Naples United Methodist Church

2701 Airport Road South, Naples, Florida 34112-4817 (239) 774-4696

Lonnie Thomas Senior Pastor

Rev. Gene Morgan Assistant Pastor

Rev. Dr. Robert Hinklin Assistant Pastor

Feb 22, 2011

Division of Corporations:

Please make the corrected amendment changes for East Naples United Methodist Church. The person who filed the name change and tax ID# change did not have authority to do this. She is not Pastor of East Naples United Methodist Church.

Fran Beaumont

Chairman Trustees

Fran Bloumont



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2011

DOUGLAS W. BUSSING EAST NAPLES UNITED METHODIST CHURCH 2701 AIRPORT ROAD SOUTH NAPLES, FL 34112-4817

SUBJECT: UNITED METHODIST CHURCH RENACER, INC

Ref. Number: 709897

We have received your document for UNITED METHODIST CHURCH RENACER, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 711A00003840

RECEIVED

11 FEB 24 AM 11: 10

SECRETARY OF STATE
TALLAHASSEE, PLORIDA

#### Articles of Amendment to Articles of Incorporation of



UNITEO_	METHODIST	CHURCH	RENACEL	INC
	poration as currently			
	70989	7	·	
	(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:

FAST NAPLES ILAVITED	the corporation:  METHODIST CHURCH, INC.	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o	ntain the word "corporation" or "incorporated" or the "Co." may not be used in the name.	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		347h 112 - 481 •
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)	CE BOX) SAME AS ABOVE	
D. If amending the registered agent and/or rew registered agent and/or the new registered.	egistered office address in Florida, enter the name of the tered office address:	<u>:</u>
		1
new registered agent and/or the new regi		:
new registered agent and/or the new registered Agent:	tered office address:	

## 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>		<u>Address</u>	Type of Action
	<u></u>	<del></del>		Remove
<del></del>				
E. If amer	nding or adding additio additional sheets, if nece	nal Articles, enter essary). (Be specij	change(s) here:	
			<del></del>	
	· · · · · · · · · · · · · · · · · · ·			
			·	

The date of each amendment(s) adoption: $\frac{2/9/i}{2}$
Effective date if applicable: $\frac{2}{9}/\frac{date\ of\ adoption\ is\ required}{2}$
(ho 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 2/9/1/ Signature Para Covis
(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, o other court appointed fiduciary by that fiduciary)
GARY DAVIS
(Typed or printed name of person signing)
CHAIRMAN OF FINANCE COMMITTEE
(Title of person signing)