701440

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TO: Amendment Section Division of Corporations

Holy Trinity Church Inc	
701440 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Peggy Barry	
(Name of Contact Person)	
Holy Trinity Church Inc	
(Firm/ Company)	_
2201 Spring Lake Road	
(Address)	
Fruitland Park, FL 34731	
(City/ State and Zip Code)	
office@holytrinityfp.com	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Peggy Barry 352-787-150C at	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
☐ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) ☐ \$35.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with th	e Florida I	Dept. of State)		
Holy Trinity Church Inc 701440				
(Docur	nent Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not Fo</i>	Profit Corporation adopts the	following
A. If amending name, enter the new name of th	e corporat	ion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpora 1 <u>e</u> .	tion" or "incorporated	or the abbreviation "Corp." o	or "Inc."
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		
				- 1 - - 1 -
				1
D. If amending the registered agent and/or regi			enter the name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	Peggy Ba	nry		
	2201 Spri	ng Lake Road		
New Registered Office Address	•	(Fle	rida street address)	
	Fruitland	Park,	FL 3473	31
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered ager		Λ	the obligations of the position. M rdd Agent, if changing	
-	Si	gnature of New Registe	rdd 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Priest	Rev Dr. Gregory Wilde	36332 Via Marcia Fruitland Park, FL 34731
× Remove			
2) Change Add	<u>CEO</u>	Daniel Curtis	421 Jungle Plum Way The Villages, FL 32163
Remove 3)	<u>CFO</u>	Mark Welton	943 Eubanks Lane The Villages, FL 32163
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		-	
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The date of each amendment(s) adoption: date this document was signed.	October 1, 2020	_, if other than th
Effective date if applicable: October	1, 2020	
(no	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s) (9	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.

Dated	October 1, 2020
Signa	ture Numbertania
C	(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)
	Russell Casson
	(Typed or printed name of person signing)

(Title of person signing)