

Division AUG. 25. 2010a 3:08PM

JONES, FOSTER, JOHNSTON & STUBBS

NO. 576

P. 2/6 Page 1 of 1

704240

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000190606 3)))



H100001906063ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NORTH PALM BEACH PRESBYTERIAN CHURCH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 25 AM 9:48

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG. 25. 2010 3:08PM

JONES FOSTER JOHNSTON & STUBBS

NO. 576 P. 3/6

H10000190606 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NORTH PALM BEACH PRESBYTERIAN CHURCH, INC.

DOCUMENT NUMBER: 704240

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THEO S. KYPEROS

(Name of Contact Person)

JONES FOSTER JOHNSTON & STUBBS, P.A.

(Firm/ Company)

505 S. FLAGLER DRIVE, SUITE 1100

(Address)

WEST PALM BEACH, FLORIDA 33401

(City/ State and Zip Code)

DPAYTON@JONES-FOSTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMINIQUE A. PAYTON

(Name of Contact Person)

at (561) 650-0427

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H10000190606 3



August 25, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
NORTH PALM BEACH PRESBYTERIAN CHURCH, INC.
717 PROSPERITY FARMS ROAD
N PALM BEACH, FL 33408

SUBJECT: NORTH PALM BEACH PRESBYTERIAN CHURCH, INC.
REF: 704240

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H10000190606
Letter Number: 610A00020442

RECEIVED
2010 AUG 25 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000190606 3

Articles of Amendment
to
Articles of Incorporation
of

NORTH PALM BEACH PRESBYTERIAN CHURCH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

704240

(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 name, enter the new name of the corporation:

FIRST PRESBYTERIAN CHURCH IN NORTH PALM BEACH, 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

H10000190606 3

FILED
2010 AUG 25 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000190606 3

The date of each amendment(s) adoption: _____
(date of adoption is required)

Effective date if applicable: _____
(no 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, on August 25, 2010.

Dated AUGUST 25, 2010 _____

Signature Scott G. Hawkins
(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)

SCOTT G. HAWKINS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H10000190606 3