

707337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

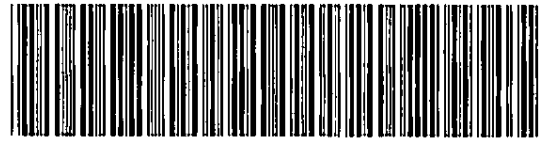
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/20--01037--001 **1650.00

STATEMENT OF STATE
DIVISION OF CORPORATIONS
AND MASS REGISTRATION

2020 APR 13 AM 7:08

FILED

APR 23 2020
S. YOUNG

WESLEY UNITED METHODIST CHURCH

301 37th Ave. N St. Pete., FL. 33704
Phone 727-896-4797 Fax 727-894-2088

Rev. John Ekers
March 29, 2020

Division of Corporations
Amendment Section
PO Box 6327
Tallahassee, FL 32314

We are an old established church in St Petersburg. It seems though that we have not renewed our listing with you (the state of Florida) in a number of years.

I assume that once the first year was missed it just never came up again. Anyway we need to renew or reinstate our church.


We had changed the name once from Wesley Memorial United Methodist Church to Wesley United Methodist Church, Inc. We understand this name is no longer available and so along with reinstatement we are asking to change the name to Wesley United Methodist Church of St Petersburg, Inc.

Our Federal ID number is 59-0935753

Not sure how much to put on check. Assuming I can make it for \$1650 and you can call or bill if it is different.

You can reach me on my mobile phone 727-688-1760

Thanks


Pastor John Ekers
Wesley UMC

2020 APR 2 12:00

COVER LETTER

TO: Amendment Section
Division of Corporations

Wesley United Methodist Church of St Petersburg, Inc

NAME OF CORPORATION: _____

707337

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following.

John Ekers

(Name of Contact Person)

Wesley UMC

(Firm/ Company)

301 37th Ave N

(Address)

St Petersburg, FL 33704

(City/ State and Zip Code)

Johnekers@yahoo.com

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

For further information concerning this matter, please call:

John Ekers

727-688-1766

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Wesley United Methodist Church, Inc

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

707337

(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:

Wesley United Methodist Church of St Petersburg, 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**)*

n/a

C. Enter new mailing address, if applicable:

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

n/a

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

Debbie Fineran

301 37th Ave N, St Petersburg, FL 33704

(Florida street address)

New Registered Office Address:

n/a

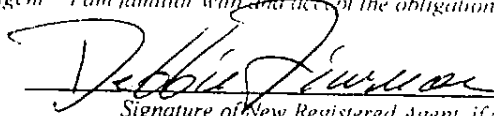
(City)

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

2020 APR 13 AM 7:08
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|------------|------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>Dir</u> | <u>William Brower</u> | <u>301 37th Ave N</u> <u>St Petersburg FL 33704</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>Dir</u> | <u>Barbara Davis</u> | <u>301 37th Ave N</u> <u>St Petersburg FL 33704</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Dir</u> | <u>Michael Rowland</u> | <u>301 37th Ave N</u> <u>St Petersburg FL 33704</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>TR</u> | <u>Debbie Binagan</u> | <u>301 37th Ave N</u> <u>St Petersburg FL 33704</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>CEO</u> | <u>John Jones</u> | <u>301 37th Ave N</u> <u>St Petersburg FL 33704</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VD</u> | <u>John Santos</u> | <u>301 37th Ave N</u> <u>St Petersburg FL 33704</u> |

E. If amending or adding additional Articles, enter change(s) here

(attach additional sheets, if necessary). (Be specific)

n/a

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: April 1, 2020
_____ (no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

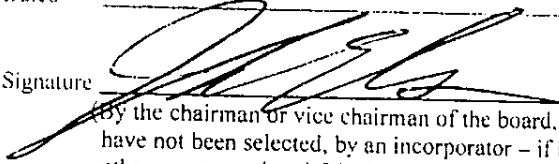
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

march 29, 2020

Dated _____

Signature _____



(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)

John Ekers

(Typed or printed name of person signing)

President/Chairman

(Title of person signing)