707974

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Indian Lake Meth	odist Church, Inc.
707974 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Stuart Crist, Board of Trustees Chair	
	(Name of Contact Person)
Indian Lake United Methodist Church	
	(Firm/ Company)
PO Box 7032	
	(Address)
Indian Lake Estates, FL 33855	
	(City/ State and Zip Code)
indianlakeume@gmail.com	•
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Stuart Crist Stuary (rus)	863 692-1431
(Name of Contact Pers	son) (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 State	& US43.75 Filing Fee & US52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

Indian Lake Methodist Church, Inc.

(Name of Corporation as cur	rently filed with the Florida Dept. of St	ate)
707974		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corpor	ation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
Indian Lake United Methodist Church, Inc		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbrev	
B. Enter new principal office address, if applicable:	no change	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	
		<u></u>
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 7032	
	Indian Lake Estates, FL 33855	29
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office. Stuar		e of the
Name of New Registered Agent:	Deland Ave. Indian Lake Estates, FL 33	1955
4710	(Florida street addres	
New Registered Office Address:		,,
		Florida
	(City)	(Zip Code)
Sew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		of the position.
	Strat Crust	
	Signature of New Registered Agent, if c.	hanging

Page 1 of 4

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		n/a - only name change	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, ento (attach additional sheets, if necessary). (Be special contents of the conte	cific)				
N/A - only name change					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) proval.	
☐ There are no members or nadopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	5-18	
Signature		
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
Stua	rt Crist	
	(Typed or printed name of person signing)	
Boar	rd of Trustees Chairman	
	(Title of person signing)	