709094

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COVER LETTER

TO: Amendment Section Division of Corporations

٠,

NAME OF CORPORATION:	CHURCH OF POLK CITY, INC
709094	•
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this in	natter to the following:
CLIFFORD D. RUTLEDGE	
	(Name of Contact Person)
FIRST BAPTIST CHURCH OF POLK CITY, IN	C.
	(Firm/ Company)
PO BOX 428	
	(Address)
POLK CITY, FL 33868-0428	
	(City/ State and Zip Code)
CLIFFORDRUTLEDGE@AOL.COM	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, ple	ease call:
CLIFFORD D. RUTLEDGE	863 984-1272 at
(Name of Contact Per	
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	

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

1 1 Em les 127

Articles of Amendment to Articles of Incorporation of

2021 OCT 12 PM 3: 22 SECRETARY OF STATE TALLAHASSEE, FL

FIRST BAPTIST CHURC	CH OF POLK CITY, INC.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
709094	(Document)	Number of Corporation (if kno	οwπ)	
Pursuant to the provisions amendment(s) to its Article		Statutes, this Florida Not For	Profit Corporation adopts the following	
	ter the new name of the cor	poration:		
N/A			The new	
name must be distinguisha "Company" or "Co." may		rporation" or "incorporated"	or the abbreviation "Corp." or "Inc."	
D. Cutar new principal a	office address, if applicable:	N/A		
	MUST BE A STREET ADDR	MESS)		
C. Enter new mailing as (Mailing address MA)	ddress, if applicable: Y BE A POST OFFICE BOX) <u>N/A</u>		
D. Wassading the region	tered agent and/or registere	d office address in Florida	enter the name of the	
	and/or the new registered of		the name of the	
	N/A			
		(Flo	rida street address)	
<u>New Ro</u>	egistered Office Address:			
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's I hereby accept the appoin	Signature, if changing Registered agent. I	itered Agent: am familiar with and accept t	the obligations of the position.	
		Signature of New Registe	red 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.

PT John Doe V Mike Jones SV Sally Smith	
<u>Title</u> <u>Name</u>	<u>Addres</u> s
P PRESTAGE, KEITH A	
D HARRISON, DANNY G	
P BRIDGES, DAVID W	1574 CHAMPION DR LAKELAND FL 33801-9226
V LAVER, ANDREW M	9024 WOODVIEW DR POLK CITY FL 33868-9495
D BELL, DONALD W	1415 FUSSELL RD POLK CITY FL 33868-7667
D OLIVER, TERRY L	10100 STEVEN DR POLK CITY FL 33868-9023
adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)	
D BELL, DONALD W D OLIVER, TERRY L adding additional Articles, enter change(s) here:	9024 WOODVIEW DR POLK CITY FL 33868-949 1415 FUSSELL RD POLK CITY FL 33868-766

	_
The date of each amendment(s) adoption: SEPTEMBER 26, 2021	, if other tha
date this document was signed.	
Effective date if applicable: SEPTEMBER 26, 2021	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for t was/were sufficient for approval.	he amendment(s)

		bers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	OCTOBER 3, 2021
	Signature	Clifford D. Rutledge
Signatui		(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)
		CLIFFORD D. RUTLEDGE
	(Typed or printed name of person signing)	
		TREASURER

(Title of person signing)