720162

(Requestor's Name)
(Nogaestor & Marrie)
(Address)
() ()
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000251259490

09/16/13--01022--010 **43.75

13 SEP 16 AM 10: 32
SECRETARY OF STATE

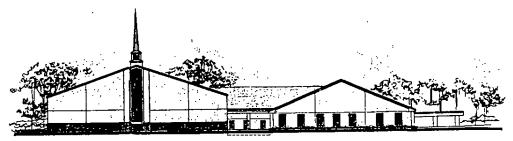
C. LEWIS SEP 2 4 2013 EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MT. OLIVE	BAPTIST CHURC	CH OF PLANT CITY, INC.		
	720162				
DOCUMENT NUMBER:					
The enclosed Articles of Amendme	nt and fee are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
JOYCE BENNE	TT POLK				
		(Name of Contact	Person)		
MT. OLIVE B	APTIST CHURC	CH			
		(Firm/ Compa	any)		
604 WEST BALL STREET					
		(Address)			
PLANT CITY, FL	33563				
		(City/ State and Zig	p Code)		
mt.olive.baptistchurch@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
JOYCE BENNETT POI	.K	at (813	1 754–3834		
(Name of Contact Pe	erson)	(A	754-3834 Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	3.75 Filing Fee & tificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status		
Mailing Address			Street Address		
Amendment Section			Amendment Section		
Division of Corpo	rations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 3	2314		Clifton Building 2661 Executive Center Circle		
i alialiassee, l' L' S.	PU 1 7	21	1001 PURCETTA CANIOL CHAIA		

Tallahassee, FL 32301



Mt. Olive Baptist Church

"The Friendly Family Church"

(813) 754-3834 Fax (813) 759-2929

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

Document #720162

Enclosed in a check in the amount of \$43.75 for the filing fee & certified status. Also copies of the amendments forms that were mailed previously without the check.

I apologize for my error. I can be reached at the number above.

Thanks you,

Joyce Bennett Polk, contact person

Joyce Bennett Perk

Administrative Assistant

Articles of Amendment to

	Articles of	to f Incorporation			
		of	^ ^	1	
MT. Olive	Baptis	+ Chu	ch oft	Van+C:+c	1, Inc
(Name of Corporation as currently	filed with the Florid	la Dept. of State)		
	720//	22			
(Docum	nent Number of Corp	oration (if know	1)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		this <i>Florida Not</i>	For Profit Corpore	ution adopts the followi	ng
A. If amending name, enter the new nam	e of the corporation	<u>:</u>			
				The ne	?N'
name must be distinguishable and contain a "Company" or "Co." may not be used in t	he word "corporation	n" or "incorpora	ited" or the abbrev	iation "Corp." or "Inc.	
Company or Co. may not be used in t	ne name.				
B. Enter new principal office address, if			··· · · · · · · · · · · · · · · · · ·	5,0 -	<u>.</u>
(Principal office address MUST BE A STI	REET ADDRESS)			LEG 3	ე ~ონ.ძ. ა
	_			至	0
					5 1
C. Enter new mailing address, if applica	ıble:				
(Mailing address MAY BE A POST O					30
				97	ب س
•	_			<u> </u>	تئو
	-				
D. If amending the registered agent and	or registered office	address in Flori	da, enter the name	e of the	
new registered agent and/or the new	registered office add	ress:			
Name of New Registered Agent:					
	(FI	orida street address)			
New Registered Office Address:	`				
			, Florida _		
-	(City)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)	
Name Bagistared Agent's Signature if the	unging Degistered As	rante			
New Registered Agent's Signature, if chall hereby accept the appointment as register			ept the obligations	of the position.	
-					
	Signature of New Re	gistered Agent, i	f 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	<u>∨ Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add X Remove	TR	JOHN LONG, SR.	1104 W. WASHINGTON ST PLANT CITY, FL 33563
2) Change _X_ Add	_TR	KIRK SALES	2109 INTERVISTA LANE VALRICO, FL 33594
Remove 3) Change Add			
Remove 4) Change Add	-11-28		
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
. •	Remove John Long Sr. as treasurer of said corporation
	Add Kirk Sales as Tresurer of said corporation.
	Article of Incorporation - Article XIII Board of Trustee
	"Any vacancy in the Board of Trustees may be filled by
·	the majority vote of the remaining Trustees until the
	next annual election.
	Voted upon August 29, 2013 by remaining Board of
	Trustees. Kirk Sales, Treasurer of said corporation.
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s date this document was signed.	adoption: AUGUST 29, 2013	, if other than the
ente ins document was signed. • ' Effective date <u>if applicable</u> :	AUGUST 29, 2013	FILED
	(no more than 90 days after amendn	nent file date) 13 SEP 16 AM 10: 38
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The amendment(s) was/wer was/were sufficient for approximation	e adopted by the members and the number of veroval.	otes cast for the amendment(s)
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). 1 ectors.	The amendment(s) was/were
Dated <u>SE</u> Signature <u>V</u> Z	PIMEBER 10,2013	
(By the c	hairman or vice chairman of the board, presider been selected, by an incorporator – if in the ha art appointed fiduciary by that fiduciary)	
 	V. L. ROY LIBURD (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	