# 72/578

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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N.C. C.COULLIETTE APR 20 2011

**EXAMINER** 

### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: Macedonia Mis	ssionary Baptist Church	n of Eatonville FL
DOCUMENT N	umber: 721578		<del></del>
The enclosed Art	icles of Amendment and fee are sub	mitted for filing.	
Please return all o	correspondence concerning this matte	er to the following:	
_		I R. Walker	
	(Name of	Contact Person)	
	Macedonia Missionary Bap	tist Church of Eatonville F	L, Inc.
	(Firm/	(Company)	
	412 E. K	ennedy Blvd.	
_	(A	.ddress)	<del></del>
	Eatonville,	FL 32751-5339	
	(City/ State	e and Zip Code)	
		@mdonia.org	
	E-mail address: (to be used	for future annual report notific	ation)
For further inform	nation concerning this matter, please	call:	
Cheryl R. Wal	ker	at ( 407 ) 647-001	0, Ext. 102
(Na	ame of Contact Person)		ne Telephone Number)
Enclosed is a che	ck for the following amount made pa	ayable to the Florida Departmen	t of State:
□\$35 Filing Fee		□ \$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		Street Address Amendment Section	,
E	Division of Corporations	Division of Corporation	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### Macedonia Missionary Baptist Church of Eatonville, Florida, Two. (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as curr	<u>ently filed with t</u>	<u>he Florida Dept. of Sta</u>	ate)	
	721578			
(Document Nur	mber of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Its		this Florida Not For P	rofit Corporation	adopts
A. If amending name, enter the new name o	of the corporation	<u>ı:</u>		
MACEDONIA MISSIONARY BAI	PTIST CHURC	H OF EATONVILLE	E FL, INC.	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." <mark>"Company" c</mark>			orporated" or the	
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>				. *•
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>			-	SVISION OF COMMISSION
D. If amending the registered agent and/or new registered agent and/or the new regi			er the name of the	<u>e</u>
Name of New Registered Agent:				
New Registered Office Address:	(Florid	la street address)	_	
		(City)	_, Florida (Zip Code)	
New Registered Agent's Signature, if changi hereby accept the appointment as registered position.			ot the obligations	of the
<u>.</u>	Signature of New	Registered Agent, if cha	nging	

## 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)

**Type of Action** Title Name Address ☐ Add ☐ Remove \_ 🛮 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: April 8, 2011				
	(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 was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.			
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.			
have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, o court appointed fiduciary by that fiduciary)  The property (Typed or printed name of person signing)  Trustee Chair			
-	(Title of person signing)			

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