

727552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

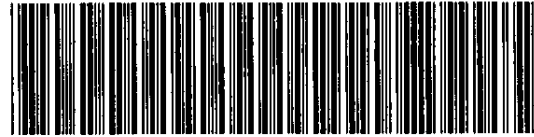
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/17--01015--012 **35.00

S. TALLENT

APR 10 2017

Amend

FILED
17 APR -5 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

MICHAEL A. CARTER
6096 SE HORTON DRIVE
ARCADIA, FL 34266

SUBJECT: THE CHURCH OF ST. EDMUND THE MARTYR, INC.
Ref. Number: 727552

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 917A00005302

RECEIVED
17 APR -5 PM 2:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAIL ROOM
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 MAR 15 AM 10:31

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 1, 2017

MICHAEL A. CARTER
THE CHURCH OF ST. EDMUND THE MARTYR, INC
6096 SE HORTON DRIVE
ARCADIA, FL 34266

SUBJECT: THE CHURCH OF ST. EDMUND THE MARTYR, INC.
Ref. Number: 727552

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 817A00003978

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Church of ST Edmund the Martyr Inc.

DOCUMENT NUMBER: 727 552

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

Please return all correspondence concerning this matter to the following:

Michael A. Carter

(Name of Contact Person)

(Firm/ Company)

6096 SE Horton Drive

(Address)

Arcadia, FL 34266

(City/ State and Zip Code)

mlcarter@centurylink.net ✓

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

For further information concerning this matter, please call:

Michael A. Carter

(Name of Contact Person)

at

863-990-7529

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

The Church of St. Edmund the Martyr, Inc.

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

727 552

(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:

N/A

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:

Michael A. Carter

6096 SE Horton Drive

(Florida street address)

New Registered Office Address:

Arcadia

(City)

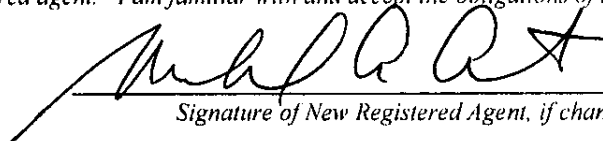
Florida

FL 34266

(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

FILED

17 APR -5 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	<u>T</u>	<u>Roger Danpe</u>	<u>327 W Hickory</u>
<input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Donn T Jackson</u>	<u>4917 SE Brown Rd</u>
2) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	<u>SW</u>	<u>Michael A. Carter</u>	<u>6096 SE Hoston Drive, Arcadia</u>
<input checked="" type="checkbox"/> Remove	<u>SW</u>	<u>Patricia A. Moore</u>	<u>327 W Hickory</u>
3) <input type="checkbox"/> Change	_____	_____	_____
<input checked="" type="checkbox"/> Add	<u>VM</u>	<u>Michael Pooser</u>	<u>327 W Hickory, Arcadia</u>
<input checked="" type="checkbox"/> Remove	<u>VM</u>	<u>Bebe B Bradbury</u>	<u>4917 SE Brown Rd, Arcadia</u>
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input checked="" type="checkbox"/> Remove	<u>JRW</u>	<u>Roy Michaud</u>	<u>2692 Hwy 70 # 549</u>
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

N/A

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 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.

Dated 4/2/2017

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)

Michael A. Carter
(Typed or printed name of person signing)

Senior Counsel, VM
(Title of person signing)