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SECRETARY OF STATE
TALLAHASSEE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: First Church	of God of Panama City, Inc	2
DOCUMENT NU	JMBER: <u>729352</u>		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
<u>Car</u>	l Driskill		
	(Name	of Contact Person)	
Firs	Church of God of Pan		<u>-</u>
	(Fi	rm/ Company)	
<u>150</u>	3 East Bus Highway 98		
		(Address)	
) <i>⋯</i> <b>Par</b>	nama City, FL 32401		
		state and Zip Code)	
For further information	ation concerning this matter,	please call:	
Carl Driskill		at ( <u>850</u> ) <u>234-00</u>	
(Nam	e of Contact Person)	(Area Code & Daytim	ne Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida De	epartment of State:
<b>☑</b> \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address Amendment Section	
Amendment Section Division of Corporations		Division of Corporations	<b>S</b>
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building	Pirala
i alianassee	2, FL 32314	2661 Executive Center C Tallahassee, FL 32301	incle .

## Articles of Amendment to Articles of Incorporation of

2009	FIL	ED
TALLAH	APR 16 ASSEL FL	<sup>1</sup> H 9:59
nte)	SEE. FL	ORIDA

of ,	SECRE AM O
 First Church of God of Panama City, Inc  (Name of Corporation as currently filed with the Florida Dept. of State)	ALLAHASSEE FLORIDA
729352	
(Document Number of Corporation (if known)	_

A. If amending name, enter the new name of	f the corporation;	
The new name must be distinguishable and control of the control of		
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 MAY BE A POST OFFICE)		
D. If amending the registered agent and/or new registered agent and/or the new registered.		enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered position.		cept the obligations of t

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>TD</u>	Carl Driskill	Panama City Beach.	Add Remove
<u>TD</u>	Wendy Kuhnel	1225 Huntington Ridge Rd Lynn Haven, Florida 32444	☑ Add □ Remove
<u>OD</u>	Carl Driskill	203 Nancy Avenue Panama City Beach Florida 32413	☑ Add □ Remove
	g or adding additional Articles, enter c ional sheets, if necessary). (Be specific		
<del></del>			<del>.</del>
			<del>-</del>
	<del> </del>	,,- <u>,,-,,-,,-,,-,,-,,-,,-,,-,,-,,-,,-,,-</u>	4-1

The date of each amendment(s) adoption: March 11, 2009		
Effective date <u>if applicable</u> :	March 11, 2009 (no more than 90 days after amendment file date)	
Adortion of Amendment(s)		
Adoption of Amendment(s)	(CHECK ONE)	
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) roval.	
There are no members or a adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Signature	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	VD	
	(Title of person signing)	

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