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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hope Baptist Churc	th of Theresa, Inc.		
737391 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Cathy Anderson			
	(Name of Contact P	erson)	
Hope Baptist Church of Theresa, Inc.			
	(Firm/ Company	<i>y</i>)	
3900 SE SR 100			
	(Address)		
Starke, FL 32091			
	(City/ State and Zip	Code)	
finance@myhopebaptistchurch.org			
E-mail address: (to be use	d for future annual rep	ort notificati	on)
For further information concerning this matter, please	e call:		
Cathy Anderson	at	352	473-4188
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cert s Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address		eet Address	ntion.

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Hope Baptist Church of Theresa, Inc.			
(Name of Corporation as currently filed with the	Florida Dept. of !	<u>State</u>)	
737391			
(Docum	ent Number of Cor	poration (if known)	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this F	lorida Not For Profit Corp	oration adopts the following
A. If amending name, enter the new name of the	corporation:		
N/A			The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name		"incorporated" or the abbro	
B. Enter new principal office address, if applicat	N/A		
(Principal office address MUST BE A STREET AL			
		 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>BOX</i>) N/A		
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered		ss in Florida, enter the nar	ne of the
new registered agent and/or the new registere	N/A		***
Name of New Registered Agent:			
New Registered Office Address:		(Florida street addre	(33)
	N/A		
	(City)	·	Florida D
	(Ciù)		(Zip Godle) 奇言 無
New Registered Agent's Signature, if changing R		d t	09
I hereby accept the appointment as registered agent.	1 am jamutar wi	іп апа ассері іпе опидацоп	s of the position.
-	Signature e	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)

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change × Add	D	TERRY DENMARK	7986 SR 100 KEYSTONE HEIGHTS, FL 32656
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<u>-</u>	
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
N/A	_		
		-	

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The date of each amendment(s) adoption: 04/20/2021 date this document was signed.	, if other than the
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 no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

Dated	04/20/2021
Signatu	
J	(By the chairman of the board, president or other officer-if directors have not been solected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Larry L. Strickland
	(Typod or printed name of person signing)
	Pastor
	(Title of porson signing)