737823

(Requestor's Name)
(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



900277210199

09/21/15--01029--027 **35.00

2815 OCT - 5 AM II: 41

OCT 5 2014

C. CARROTHERS



September 25, 2015

GREG WATTS LIBERTY BAPTIST CHURCH 2451 DORA AVE TAVARES, FL 32778

SUBJECT: LIBERTY BAPTIST CHURCH, INC.

Ref. Number: 737823

We have received your document for LIBERTY BAPTIST CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Letter Number: 115A00020290

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

Division of Comparations D.O. DOV 6207 Tellahanna Florida 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Liberty Baptist Church
DOCUMENT NUMBER.	
DOCUMENT NUMBER:	19 1825
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Rae Ch	(Name of Contact Person)
	(Name of Contact Person)
Liberty	Baptist Church (Firm/Company)
245	1 Doya Avenue (Address)
	(Address)
To	City/ State and Zip Code)
	(City/ State and Zip Code)
Yae	Chimenta Quahoo, Com used for future annual report notification)
E-mail address: (to be t	ised for future annual report notification)
For further information concerning this matter, ple	ase call:
Rae Chimento	son) at (352) 360 - 5362 (Area Code) (Daytime Telephone Number)
(Name of Contact Per	(Son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
□\$35 Filing Fee □S43.75 Filing Fee Certificate of Stat	*& \$\subseteq\$\$\\$43.75 \text{ Filing Fee & Status Certified Copy (Additional copy is enclosed)}\$\$\subseteq\$

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

(Name of Corporation as currently filed with the Florida Dept. of State) 737823 (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida __

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

(Zip Code)

(City)

address of each Office (Attach additional sheet Please note the officer/a P = President; V= Vice	r and/or Direct ts, if necessary) director title by t President; T= 7 = Chief Finance	or being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; TR= ial Officer. If an officer/director holds more	cer/director_being_removed_and-title,-name; and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
	eaves the corpor	ation, Sally Smith is named the V and S . The	he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: X Change X-Remove X Add	<u>Mik</u>	n <u>Doc</u> te <u>Jönes</u> J y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	SD	Knsty Willams	2310 Northland Rd Mount Voia FL34757
2) Change X Add	<u>5D</u>	Joshua Paynter	1803 Lake Villa Dr. Tavares FC 32778
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

__ Remove

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
·	•			
		• • • • • • • • • • • • • • • • • • • •		

		•		
				
				
		•		
				·
		•		
			 	

・ >-		
The date of each amendment(s) adoption	on: 9-15-15	, if other than the
date this document was signed.		
Effective date if applicable:	9-15-15	
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block do document's effective date on the Departm	pes not meet the applicable statutory filing requirements, this datent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendm	ient(s)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/w	vere
Dated	9-15-15	
Signature(By the chairman	or vin chairman of the board, president or other officer-if direct	ctors
have not been sel	ected, by an incorporator – if in the hands of a receiver, trustee nted fiduciary by that fiduciary)	
	Gregory 5. Watts (Typed or printed name of person signing)	
	President	
	(Title of person signing)	