

753596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

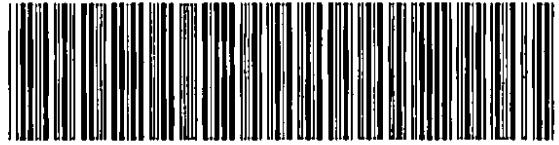
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
-MILITARY- JUDGE

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FL, INC

DOCUMENT NUMBER: 753596

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

Please return all correspondence concerning this matter to the following:

SHARON PAUP  
(Name of Contact Person)

LIFETREE CHURCH (1<sup>ST</sup> PRESBYTERIAN)  
(Firm/ Company)

1501 SE HWY 19  
(Address)

CRYSTAL RIVER FL 34429  
(City/ State and Zip Code)

fpccr01@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON PAUP at 352 445-7699  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- |   |   |  |  |
|---|---|--|--|
| <input checked="" 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) |
| <u>N/A</u>  |   |  |  |
| <u>ALREADY SUBMITTED</u>                            |   |  |  |
| <u>SEE COPY ATTACHED</u>                            |   |  |  |

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

FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER FL, INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

753596

(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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: SHARON PAUP

1501 SE HWY 19

(Florida street address)

New Registered Office Address:

CRYSTAL RIVER

(City)

Florida

34429

(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.

Sharon Paup

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA  
STATE DEPT. OF REVENUE

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:

Change      PT      John Doe  
 Remove      V      Mike Jones  
 Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>LINDA SOSNICKI</u>	<u>FIRST PRES CHURCH</u> <u>1501 SE HWY 19</u> <u>CRYSTAL RIVER FL 34429</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>BILL PAUP</u>	<u>FIRST PRES CHURCH</u> <u>1501 SE HWY 19</u> <u>CRYSTAL RIVER FL 34429</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>X</u>	<u>X - X - X - X</u>	<u>X - X - X - X</u> <u>NOV 31 11 11 AM '11</u> <u>ST. JAMES</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>CHERYL ELLISON</u>	<u>2 DANIEL CT</u> <u>BEVERLY HILLS FL 34465</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>SHARON PAUP</u>	<u>5562 W HUNTERS RIDGE CIR</u> <u>LECANTO FL 34461</u>
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

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OFFICE OF THE CLERK  
STATE OF FLORIDA

The date of each amendment(s) adoption: ~~ALL~~ ALL AMENDMENTS 9-12-19, 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 10-28-19

Signature Sharon Paup  
(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)

SHARON PAUP  
(Typed or printed name of person signing)

REGISTERED AGENT AND BOARD TREASURER  
(Title of person signing)

DEPARTMENT OF STATE  
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