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Requester's	Name		
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	-	0000		<u>0-008</u>
1. (Corporation Name)	(Document #)	*	******43.75 ***	**43.13
(00)		•		
Filing or Recording of Documents		2/13/01	86.3	36
Re:Sebastian River Baptist Church, Inc	Date	2/13/01	Our file no.:	 :
The following documents are enclosed for: Recording with your office	Office		☐ Charge our office for ☐ Check enclosed to	
Articles of Amendment and a copy of art	and return th	date of filing is form to us	\$ <u>43.75</u>	
changing name from Sebastian River Wors	hip Center	By	(\$35.00-filing 8.75-cert.o	
Please send a certified copy of the fil	ed articles to t	he office ad	dress below. 7	Thanks./as
Secty of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		RENÉ G At 1327 No Sebast	a. VANDEVOORDE torney at Law orth Central Avenue tian, Florida 32958 61) 589-4353	-
Item R505		o		
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OTHER FILINGS	REGISTRATIO	N/QUALIFIC	ATION E	·-
Annual Report Fictitious Name	Foreign Limited Partr Reinstatemer Trademark Other	· ·	ARY OF STAIL ASSEE, FLORIDA	FILED
		Exam	iner's Initials	

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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

OF

SEBASTIAN RIVER WORSHIP CENTER, INC.

Article I of the Articles of Incorporation of SEBASTIAN RIVER WORSHIP CENTER,
 INC. is amended to read as follows:

ARTICLE I - NAME

The name of the Corporation is SEBASTIAN RIVER BAPTIST CHURCH, INC.

IN WITNESS WHEREOF, the undersigned President and Secretary have executed these Articles of Amendment on this August day of Gangary, 2001.

Edwin Creel, President

Agnes Wilcox, Secretary

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

I HEREBY CERTIFY that on this day before me, an officer in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared EDWIN CREEL, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before

me that he executed the same. EDWIN CREEL is personally known to me or produced

Ala Miller License as identification and who did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 29 44 day of January, A.D., 2001.

Angela M. Sherbrook
MY COMMISSION # CC616913 EXPIRES
March 3, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public State of Florida My Commission expires:

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

I HEREBY CERTIFY that on this day before me, an officer in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared AGNES WILCOX, to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same. AGNES WILCOX is personally known to me or produced the same. AGNES WILCOX is personally known to me or produced as identification and who did/did not take an oath.

Janice Leger
MY COMMISSION # CC843782 EXPIRES
June 6, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public State of Florida
My Commission expires: