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C.COULLIETTE

MAY 20 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: PORT Richey Trinity Church of the Nazarene,
Inc. DOCUMENT NUMBER: 766771 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James D Brannon
(Name of Contact Person) Port Richey Trivity Church of the Nazarene, Inc 11038 Little Road (Address) New Poer Richey, FL 34654 (City/State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation

PORT Richey Trivily Church of the Nazarene, Inc. (Name of Corporation as correctly filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:  PORT Richey Living Faith Community Church of the Nazarene, I 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.	<u>_</u>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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:	
New Registered Office Address: (Florida street address)	
, Florida,	
(City) (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.	
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) Title **Type of Action** Name Address \_ 🔲 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

	4/26/10
The date of each amendment(s) adop	
Effective data if applicables	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated 5/16 Signature Rush	(10 mes Bramon
(By the chair have not bee	rman or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)
	EV. JAMES D. BRANNON
	(Typed or printed name of person signing)
	PASTOR/Pres
	(Title of person signing)