

771090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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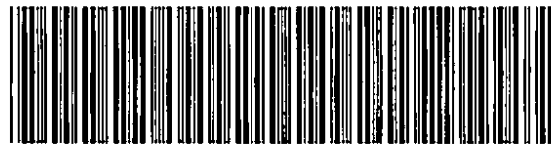
(Business Entity Name)

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JAN 23 2019

STATE  
TALLAHASSEE, FL

2019 JAN 22 PM 2:37

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

Mt. Olivette Free Will Baptist Church

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: 771090

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

Please return all correspondence concerning this matter to the following:

Katie L. Wright

\_\_\_\_\_  
Name of Contact Person

Mt. Olivette Free Will Baptist Church Incorporated

\_\_\_\_\_  
Firm/ Company

P.O. Box 421345

\_\_\_\_\_  
Address

Miami, FI 33242

\_\_\_\_\_  
City/ State and Zip Code

katielwright0630@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie L. Wright

305

794-0486

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
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Certified Copy  
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☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2019

KATIE L WRIGHT  
P.O. BOX 421345  
MIAMI, FL 33242

SUBJECT: MT. OLIVETTE FREEWILL BAPTIST CHURCH INCORPORATED  
Ref. Number: 771090

We have received your document for MT. OLIVETTE FREEWILL BAPTIST CHURCH INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Benefit Corporation, but your entity is a Not for Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 519A00000220

RECEIVED  
2019 JAN 22 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MT. OLIVETTE FREEWILL BAPTIST CHURCH INCORPORATED

DOCUMENT NUMBER: 771090

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

Please return all correspondence concerning this matter to the following:

KATIE LEE WRIGHT

(Name of Contact Person)

MT. OLIVETTE FREEWILL BAPTIST CHURCH INCORPORATED

(Firm/ Company)

P.O. BOX 421345

(Address)

MIAMI, FL 33242

(City/ State and Zip Code)

KatieLWright0630@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie L Wright

(Name of Contact Person)

305-794-0486

(Area Code) (Daytime Telephone Number)

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

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Certificate of Status

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Certified Copy  
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enclosed)

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Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

Articles of Amendment  
to

2019 JAN 22 PM 2:37

Articles of Incorporation  
of

SECRETARY OF STATE  
TALLAHASSEE, FL

MT. OLIVETTE Free Will BAPTIST Church Incorporated

(Name of Corporation as currently filed with the Florida Dept. of State)

771090

(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:**

\_\_\_\_\_ *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:** \_\_\_\_\_  
(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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                        |  |
|--|----------|------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>S</u> | <u>Stacy Alexander</u> | <u>4745 NW 32<sup>ND</sup> Ave</u><br><u>Miami</u><br><u>Florida 33142</u> |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u> | <u>Chris Williams</u>  | <u>1270 NW 180 terrace</u><br><u>Miami</u><br><u>Florida 33169</u>         |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                  | _____<br>_____<br>_____  |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                  | _____<br>_____<br>_____  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                  | _____<br>_____<br>_____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                  | _____<br>_____<br>_____  |

F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

The purpose of this document is to change  
the secretary of record from Stacy Alexander  
to Chris Williams As the secretary

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: December 11th 2018  
(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 1/14/2019

Signature Katie Lee Wright  
(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)

KATIE L. Wright  
(Typed or printed name of person signing)

Registered Agent - President  
(Title of person signing)