

N00000004452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

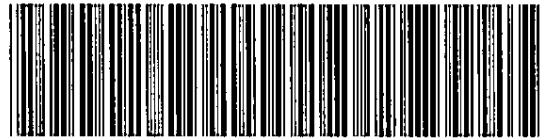
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*C. Mitchell gave authorization  
to check box 8/29 da*

*Wang, Sam*

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07/24/17--01016--028 \*\*35.00

17 AUG 09 PM 2:10

CLERK OF SUPERIOR COURT  
STATE OF CONNECTICUT

AUG 29 2017

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pine Ridge Fellowship United Methodist Church, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N00000004452

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Cathy Mitchell**

Name of Contact Person

**Pine Ridge Fellowship**

Firm/Company

**1045 E. Normandy Blvd**

Address

**Deltona, FL 32725-6497**

City/State and Zip Code

**cathy@prfchurch.org**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
47 AUG 29 PM 2:10

For further information concerning this matter, please call:

**Cathy Mitchell**

Name of Contact Person

**386 259-9240**

at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Pine Ridge Fellowship United Methodist Church, Inc.

DOCUMENT NUMBER: N000 000 04452

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

Please return all correspondence concerning this matter to the following:

Cathy Mitchell, Treasurer  
(Name of Contact Person)

Pine Ridge Fellowship  
(Firm/ Company)

1045 E. Normandy Blvd  
(Address)

Deltona, FL 32725-6497  
(City/ State and Zip Code)

Cathy@PRF Church.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Mitchell at 386-259-9240 x102  
(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 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) |
|--|---|--|--|
- Already sent w/ wrong Form

Mailing Address

Amendment Section  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

17 AUG 25 PM 4:30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2017

CATHY MITCHELL  
PINE RIDGE FELLOWSHIP  
1045 E NORMANDY BLVD  
DELTONA, FL 32725-6497

SUBJECT: PINE RIDGE FELLOWSHIP UNITED METHODIST CHURCH, INC.  
Ref. Number: N00000004452

We have received your document for PINE RIDGE FELLOWSHIP UNITED METHODIST 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):

You cannot change officers on this form. You will need to complete the attached amendment form to make your changes.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 317A00015841

Articles of Amendment  
to  
Articles of Incorporation  
of

Pine Ridge Fellowship United Methodist Church, Inc

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

N 000 000 044 52

(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:

Rev. Josias Andujar

1045 E. Normandy Blvd

(Florida street address)

New Registered Office Address:

Deltona

(City)

Florida

(Zip Code)

32725-6497

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         | <u>CEO, Pastor</u> | <u>Benjamin J</u>         | <u>1045 E. Normandy Blvd</u>  |
| <input type="checkbox"/> Add               |                    | <u>Stilwell-Hernandez</u> | <u>Deltong, FL 32725-6497</u> |
| <input checked="" type="checkbox"/> Remove |                    |                           |                               |
| 2) <input type="checkbox"/> Change         | <u>CEO, Pastor</u> | <u>Josias Andujar</u>     | <u>1045 E. Normandy Blvd</u>  |
| <input checked="" type="checkbox"/> Add    |                    |                           | <u>Deltong, FL 32725-6497</u> |
| <input type="checkbox"/> Remove            |                    |                           |                               |
| 3) <input type="checkbox"/> Change         |                    |                           |                               |
| <input type="checkbox"/> Add               |                    |                           |                               |
| <input type="checkbox"/> Remove            |                    |                           |                               |
| 4) <input type="checkbox"/> Change         |                    |                           |                               |
| <input type="checkbox"/> Add               |                    |                           |                               |
| <input type="checkbox"/> Remove            |                    |                           |                               |
| 5) <input type="checkbox"/> Change         |                    |                           |                               |
| <input type="checkbox"/> Add               |                    |                           |                               |
| <input type="checkbox"/> Remove            |                    |                           |                               |
| 6) <input type="checkbox"/> Change         |                    |                           |                               |
| <input type="checkbox"/> Add               |                    |                           |                               |
| <input type="checkbox"/> Remove            |                    |                           |                               |

[illegible]

The date of each amendment(s) adoption: 7/1/17 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 8/16/17

Signature Cathy Mitchell  
(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)

Cathy Mitchell  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)