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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: St. Mary Print	nitive Baptist Church, Inc.	
DOCUMENT NUMBER: <u>\\/O/\OOO</u>	003701	,
The enclosed Articles of Amendment and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Na'Shara Price		
(Name o	of Contact Person)	
St. Mary P.B. Church		
(Fin	m/Company)	
P.O. Box 510361		
	(Address)	
Punta Gorda, FL 33951		
	ate and Zip Code)	
For further information concerning this matter,	please call:	
Na'Shara Price	at (941) 268-328	
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida De	partment of State:
✓ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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 C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	FILED
2009 MA	りと
IALLAHA.	ARY OF STATE SSEE FLORIDA
tate)	CORIDA

St, Mary Primitive Baptist Church,ナルC.	MASSEE FISTATE
(Name of Corporation as currently filed with the Florida Dept. of State)	- LURIDA
N01000003701	
(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:

The many region would be distinguishable and so	untain the word Commention? on t	Garage and All on the
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Company" or</u>		
		<u> </u>
B. Enter new principal office address, if appl		
Principal office address <u>MUST BE A STREE</u>	<u>r address</u>)	
	 	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
). If amending the registered agent and/or re		, enter the name of th
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent:		
Traine of then Regulered ligen.		
Name of New Teganerea Agent.		
	(Florida street address)	·
New Registered Office Address:	(Florida street address)	. <u></u>
	(Florida street address) (City)	, Florida

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)

<u>Title</u>	Name	Address	Type of Action
<u>S</u>	Na'Shara Price		Add Remove
<u>T</u>	Ann Alexander	1361 Kindel Ct. Punta Gorda, FL 3398.3	Add Remove
<u>T</u>	Sonja Wright	536 EVirginia Ave Punta Gorda, FL3399	Add Remove
E. If amending (attach addi.	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:	

The date of each amendmen	t(s) adoption: 4.37-09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	4-27-09 Claan Thomas
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Isaac Thomas (Typed or printed name of person signing)
	<u>Chairperson</u>
	(Title of person signing)

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