

N02 00000 3977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

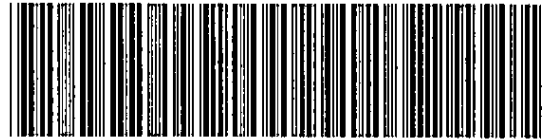
Special Instructions to Filing Officer:

Received faxed corrected demand
form from Darlene Perry on
4/24/2019

Tried to Fax ct number
below

fax 352-486-4229

Office Use Only



300327522863 ✓

04/15/19--01011--028 **35.00

S TALLENT
APR 29 2019

SECRETARY OF STATE
TALLAHASSEE, FL

2019 APR 29 PM 1:44

FILED

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2019

DARLENE PERRY
CREEKSIDE CHRISTIAN SCHOOL, INC.
171 SE 3RD STREET
OTTER CREEK, FL 32683

SUBJECT: CREEKSIDE CHRISTIAN SCHOOL, INC.
Ref. Number: N02000003977

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these 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.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00008271

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Creekside Christian School

DOCUMENT NUMBER: N02000003977

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

Please return all correspondence concerning this matter to the following:

Darlene Perry

(Name of Contact Person)

Creekside Christian School

(Firm/ Company)

P.O. Box 17

(Address)

Otter Creek, FL 32683

(City/ State and Zip Code)

darleneperry@bellsouth.net

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

For further information concerning this matter, please call:

Virginia L. Keith

(Name of Contact Person)

352 486-2112 or 352 221-4951 cell
at (Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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) |
|---|--|---|--|

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

Articles of Amendment
to
Articles of Incorporation
of

CREEKSIDE CHRISTIAN SCHOOL, INC.

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

NO2000003977

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 17

Otter Creek, FL 32683

2019 APR 29 PM 11:44
SECRETARY OF STATE
TALLAHASSEE, FL

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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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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

N/A

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Sammy Yearly</u>	<u>1951 SE 76th Place</u>
<input type="checkbox"/> Add			<u>Gulf Hammock, FL 32639</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Billie Martin</u>	<u>2930 SW 45th Street</u>
<input type="checkbox"/> Add			<u>Gainesville, FL 32606</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Virginia L. Keith</u>	<u>2231 SE 76th Place</u>
<input checked="" type="checkbox"/> Add			<u>Gulf Hammock, FL 32639</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>TD</u>	<u>Darlene Perry</u>	<u>P.O.Box 1417</u>
<input type="checkbox"/> Add			<u>Bronson, FL 32621</u>
<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			

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

Virginia L. Keith replaces Sammy Yearty as Director

Darlene Perry replaces Billie Martin as Treasuer

The date of each amendment(s) adoption: March 28, 2019, if other than the date this document was signed.

Effective date if applicable: March 28, 2019
(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 March 28, 2019

Signature Darlene Perry
(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)

Darlene Perry

(Typed or printed name of person signing)

Director

(Title of person signing)