

N02000005974

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 27 AM 10:52

Amend / cc  
Name chg  
1a 1/27/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **A Family Church, Inc.**

DOCUMENT NUMBER: **N02000005974**

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

Please return all correspondence concerning this matter to the following:

**Peter Keirstead**

(Name of Contact Person)

**Thrive Community Church**

(Firm/ Company)

**PO Box 214017**

(Address)

**South Daytona, FL 32121**

(City/ State and Zip Code)

**christinamshultz@gmail.com**

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

For further information concerning this matter, please call:

**Christina Shultz**

(Name of Contact Person)

**386 257-4020**

at ( ) (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 & | <input checked="" type="checkbox"/> \$43.75 Filing Fee & | <input type="checkbox"/> \$52.50 Filing Fee |
| Certificate of Status                    | Certified Copy                                | Certificate of Status                                    | Certified Copy                              |
|                                          | (Additional copy is                           | (Additional Copy is                                      |                                             |
|                                          | enclosed)                                     | 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

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 27 AM 10:51

A Family Church, Inc.

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

N02000005974

(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:**

Thrive Community Church, Inc.

*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**)

6088 Summerlake Dr

Port Orange, FL

32127

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

PO Box 214017

South Daytona, FL

32121

**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

na/

(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.

Signature of New Registered Agent, if changing

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	ASST	Temple Finn	265 Oleander Pl Ormond Beach, FL 32174
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <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			

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

n/a

The date of each amendment(s) adoption: 12-18-2011

Effective date if applicable: 1-1-2012  
(no more than 90 days after amendment file date)

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 1/24/2012

Signature 

(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)

**Peter Keirstead**

(Typed or printed name of person signing)

**President**

(Title of person signing)