N02132

(Re	questor's Name)	
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(Cit	y/State/Zip/Prione	5 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: New Vision W	orship Center of Eureka	a, Inc.
DOCUMENT NUM	BER: N02132		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
		rt D. Wilson	
	(Name of	Contact Person)	
		Williams, P.A.	
	(Firm	/ Company)	
	954 E. Silver	Springs Boulevard	
	(/	Address)	
-		Florida 34470	
	(City/ Sta	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notific	ation)
For further information	on concerning this matter, please	e call:	
Robert D. Wilson		at (<u>352</u>) 629-974 (Area Code & Daytii	.7
(Name	of Contact Person)	(Area Code & Daytii	ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t 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)
Amei Divis P.O.	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle



April 23, 2010

ROBERT D. WILSON 954 E. SILVER SPRINGS BLVD. OCALA, FL 34470

SUBJECT: NEW VISION WORSHIP CENTER OF EUREKA, INC.

Ref. Number: N02132

We have received your document for NEW VISION WORSHIP CENTER OF EUREKA, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is 713570.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 710A00010067

Articles of Amendment to Articles of Incorporation of

New Vision Wors	ship Center of Eureka, Inc.	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
	N02132	
(Document Nur	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 he following amendment(s) to its Articles of I	6, Florida Statutes, this <i>Florida Not For Profit Corpor</i> Incorporation:	ration adopts
A. If amending name, enter the new name of	of the corporation:	
MILL CREEK BAPTIST CHU	URCH OF EUREKA, INC.	
The new name must be distinguishable and cubbreviation "Corp." or "Inc." <u>"Company" (</u>	contain the word "corporation" or "incorporated" or "Co." may not be used in the name.	or the
B. Enter new principal office address, if app Principal office address MUST BE A STREE		10 Sec
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	le: FICE BOX	MAY -3 PH 3:01
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the nam gistered office address:	e of the
Name of New Registered Agent:	Lavon Tindell	
	17893 N.E. 138th Ave.	
New Registered Office Address:	(Florida street address)	
	Fort McCoy, Florida (City), Florida	
Now Dogistaned Agent's Signature if chang	ging Degistered Agents	
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		ations of the

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
PD	David E. Allen	16370 N.E. 148th Terr. Rd. Fort McCoy, FL 32134	
<u>PD</u>	Lavon Tindell	17893 N.E. 138th Ave. Fort McCoy, FL 32134	☑ Add ☐ Remove
E. If ame	nding or adding additional Article additional sheets, if necessary). (e <mark>s, enter change(s) here</mark> : (Be specific)	
			•

The date of each amendment(s) a	doption: March 21, 2010
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
DatedSignature	1-19-10 05 Jun III
(By the c	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, o urt appointed fiduciary by that fiduciary)
	Lavon Tindell
	(Typed or printed name of person signing)
	Chairman Board of Directors
	(Title of person signing)