

**N030000001641**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

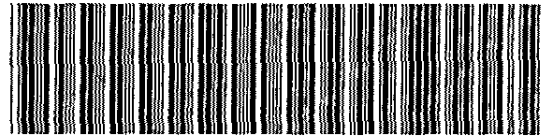
(Business Entity Name)

(Document Number)

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

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900040564219

*Name  
Change  
Amend*

09/01/04--01008--003 \*\*52.50

FILED  
04 SEP - 1 PM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR  
9/1/04*

John M. Sharf

Requester's Name

3119 Foxwood Ln

Address

Tallahassee (850) 878-3699

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Live Oak Baptist

(Corporation Name)

NO3000001641

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☒ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☒ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LIVE OAK BAPTIST CHURCH OF TALLAHASSEE, INC.

**DOCUMENT NUMBER:** N03000001641

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

Please return all correspondence concerning this matter to the following:

John M. Sharff

(Name of Contact Person)

LIVE OAK BAPTIST CHURCH OF TALLAHASSEE, INC.

(Firm/ Company)

3119 Foxwood Lane

(Address)

Tallahassee, Florida 32309

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

John M. Sharff

(Name of Contact Person)

at ( 850 ) 878-3699

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

LIVE OAK BAPTIST CHURCH OF TALLAHASSEE, INC.

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

FILED  
04 SEP -1 PM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N03000001641

(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:

**NEW CORPORATE NAME (if changing):**

CROSS CREEK BAPTIST CHURCH OF TALLAHASSEE, INC.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: August 29, 2004

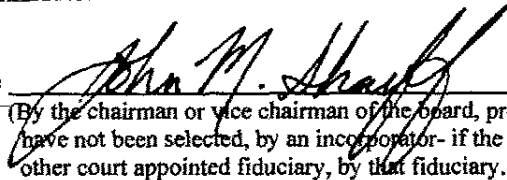
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 30th day of August, 2004

Signature

  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

John M. Sharff

(Typed or printed name of person signing)

President/Pastor

(Title of person signing)

**FILING FEE: \$35**