## N03000001958

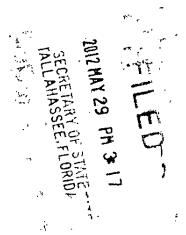
Office Use Only



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DIR 5/3/12

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Christian Home Free Will Baptist Church, Inc
DOCUMENT NUMBER: N0300001958
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bonnie Richards (Name of Contact Person)
Christian Home Church (Firm/Company)
18883 NE Roy Golden Rd (Address)
Blowntstown, FL 32424 (City/State and Zip Code)
Email address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Bonnie Richards at (850) 674-1895 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section  Amendment Section  Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2012 MAY 29 PM 3 17

(Name of Corporation as currently fil	Will Baptist		- TATE AHE	ARY OF STAT ISSEE. FLOR
N0300001	15×		Jan. 125	•
	mber of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	orida Not For Pro	ofit Corporation add	opts the following
A. If amending name, enter the new name of	f the corporation:		•	
Christian Home	· Church In	۱.د.		The ne
Christian Home	word "corporation" or "	incorporated" or	the abbreviation "(	Corp." or "Inc.
'Company" or "Co." may not be used in the	<u>rame</u> .	0		Ţ
B. Enter new principal office address, if ap Principal office address MUST BE A STREI		Sar	nc	
Trincipal office address <u>prost be A STREE</u>	<u>:1 ADDRESS</u> )			
				•
	<del></del>			<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		San	10	
	<del></del>			
				<del></del>
. If amending the registered agent and/or		in Florida, ente	r the name of the	
new registered agent and/or the new reg		,		
Name of New Registered Agent:	Michael Jo	<u>ohnson</u>		
		<u>Vewsome</u>	Rd	
lew Registered Office Address:	(Florida stre	et address)		
	Markeville		Florido 314	Lan
	Clarksville (City)		, Florida <u>334</u> (Zip Code)	
ew Registered Agent's Signature, if changi	ng Registered Agent			
hereby accept the appointment as registered a		and accept the o	bligations of the po	sition.
.JV	Inenal Y OH	noon		
Signatur	e of New Registered Agen	it, if changing		

Page 1 of 4

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:			
X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>te Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Dir	Greg Bur Kett	22641 NE Grady Burkett Rd. Blowntstown, FL 32424
2) Change Add Remove	Trens.	Bonnie Richards	18883 NE Roy Golden Rd Dlountstown, FL 32424
Change Add Remove	Sec.	Donna Griffin	20221 NE Burns 5+ Blowntstown, FL 32424
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Re mesica)
(anach additional sheets, if necessary).	(Be specific)
	<del></del>
<del></del>	
	•
<del></del>	

The	date of each amendment(s) adoption:
Effe	cetive date if applicable: May 16, 2012  (no more than 90 days after amendment file date)
Ado	ption of Amendment(s) (CHECK ONE)
Ø	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 May 17, 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)
	Muhal L Johnson Michael L. Johnson (Typed or printed name of person signing)
	(Title of person signing)