

NO4000003793

(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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03/31/11--01018--016 **35.00

Amend

FILED
11 MAY -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-5-54



*Ltr returned as
requested*

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2011

SALLY L. ELDRED
PARK MINISTRIES, INC.
244 AVE D., S.W., MAXWELL BLDG
WINTER HAVEN, FL 33881

SUBJECT: PARK MINISTRIES, INC.
Ref. Number: N04000003793

We have received your document for PARK MINISTRIES, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 111A00008015

850-245-6050
6052.

RECEIVED

11 MAY -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PARK MINISTRIES INC.

DOCUMENT NUMBER: N 04000003793

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

Please return all correspondence concerning this matter to the following:

SALLY ELDRED
(Name of Contact Person)

PARK MINISTRIES
(Firm/ Company)

244 AVE D. S. W.
(Address)

WINTER HAVEN FL 33881
(City/ State and Zip Code)

ALLA BREVA @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALLY ELDRED at (863) 439-0880
(Name of Contact Person) (Area Code & Daytime Telephone Number)

PREVIOUSLY SUBMITTED SEE ATTACHED LETTER
Enclosed is a check for the following amount made payable to the Florida Department 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)

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

FILED

11 MAY -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARK MINISTRIES INC.

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

N04000003793

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: REV BRUCE G WILLIAMS

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (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.

x Rev Bruce G Williams

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	RE ^V MELVIN MAXWELL	701 OVERLOOK WINTER HAVEN FL 33884	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRESIDENT	RE ^V BRUCE G WILLIAMS	127 HARBOR WAY AUBURN DALE FL 33823	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

[illegible]

The date of each amendment(s) adoption: 5-2-11

Effective date if applicable: MARCH 1 2011
(date of adoption is required)
(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 05-02-11

Signature Rev. Bruce G. Williams
(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)

BRUCE G WILLIAMS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)