

N04000004396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

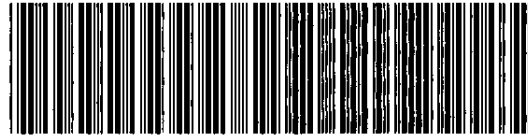
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amid
10/3/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lighthouse Christian Academy

DOCUMENT NUMBER: 004000004396

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

Please return all correspondence concerning this matter to the following:

Katherine Richardson
(Name of Contact Person)

Lighthouse Christian Academy
(Firm/ Company)

2800 W. 6th St. Unit 1
(Address)

St. Aug., FL 32084
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Katherine Richardson at (904) 819-5980
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2011

KATHERINE RICHARDSON
1960 US 1
ST. AUGUSTINE, FL 32084

SUBJECT: LIGHTHOUSE CHRISTIAN ACADEMY PRIVATE SCHOOL INC.
Ref. Number: N04000004396

We have received your document for LIGHTHOUSE CHRISTIAN ACADEMY PRIVATE SCHOOL 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 entire document must be filled out.

We are enclosing the proper form(s) with instructions for your convenience.

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: 411A00020231



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2011

LIGHTHOUSE CHRISTIAN ACADEMY PRIVATE SCHOOL INC.
2800 N. 6TH STREET
ST. AUGUSTINE, FL 32084

SUBJECT: LIGHTHOUSE CHRISTIAN ACADEMY PRIVATE SCHOOL INC.
Ref. Number: N04000004396

We have received your document for LIGHTHOUSE CHRISTIAN ACADEMY PRIVATE SCHOOL 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):

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If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 411A00020231

Articles of Amendment
to
Articles of Incorporation
of

Lighthouse Christian Academy Private School Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

004000004396

(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:

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.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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>
<u>MS.</u>	<u>Kayla Mitchell</u>	<u>2800 M. 6th St. Unit 1</u> <u>St. Aug. Fl. 32084</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MS.</u>	<u>Stephanie Weatherington</u>	<u>FLA. Club Bldg.</u> <u>St. Aug. Fl 32084</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MS.</u>	<u>Kileen Betke</u>	<u>110 Circle DR. E</u> <u>St. Aug, Fl 32084</u>	<input type="checkbox"/> Add <input checked="" 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: 8-5-11

Effective date if applicable: 9-5-11
(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 9-27-11

Signature Katherine Richardson
(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)

Katherine Richardson
(Typed or printed name of person signing)

Administrator
(Title of person signing)