

N04000006339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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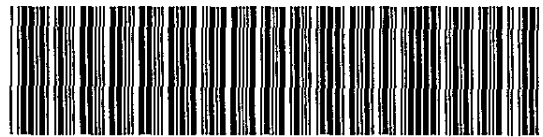
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James H. Hodge

Amend.

*11/29/04
DC*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Village Baptist Church Inc

DOCUMENT NUMBER: N04000006339

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

Please return all correspondence concerning this matter to the following:

Michael B. Ramondetta

(Name of Contact Person)

The Village Baptist Church Inc

(Firm/ Company)

2220 County Rd 210, West Suite #108, Box117

(Address)

Jacksonville, Fl 32259

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Michael B. Ramondetta

(Name of Contact Person)

at (904) 287-0415

(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

The Village Baptist Church Inc.

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

N04000006339

(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):

Liberty Baptist Church of St John's County 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)**

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

PLEASE CHANGE CURRENT ADDRESS TO: 2220 COUNTY RD 210, WEST SUITE #108, BOX 117

JACKSONVILLE, FL. 32259

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 11/12/04

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 12th day of November, 2004.

Signature M.B. Ramondetta
(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.)

Michael B. Ramondetta
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35