N04817

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Amend M

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SECRETARY OF STATE
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FEB 2 9 2012 T. ROBERTS

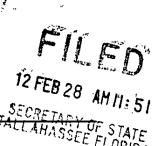
COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	CHRISTIAN (CENTER,	INC.
DOCUMENT NUMBER:N04817			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Daniel W. Windstrup			
	(Name of Contact	Person)	
NEW CREATION CHRISTIAN CHURC	CH, INC.		
	(Firm/ Compa	ny)	
P.O. Box 2437			
	(Address)		
TARPON SPRINGS, FLORIDA 3468	38		
	(City/ State and Zi	p Code)	
dansunrock@msn.	com		
E-mail address: (to be used	for future annual r	eport notificati	on)
For further information concerning this matter, please	call:		
Daniel W. Windstrup		⁷ 63	9-5684
(Name of Contact Person)	(A	rea Code & Da	nytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	a Department o	f State:
■ \$35 Filing Fee	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cert y is Cert (Ad	.50 Filing Fee ificate of Status ified Copy ditional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	7 E	Street Address Amendment Secondinion of Corclifton Building 2661 Executive	ction porations 3

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TIFE PATH CHRISTIAN C	ENTER, INC.		\$E	PRETABLE
(Name of Cornoration as current) 104817	y filed with the Flo	rida Dept. of State)	MI	AHASSEE FLO
(Documen	t Number of Corpora	tion (if known)		
suant to the provisions of section 617.1 endment(s) to its Articles of Incorporat		s, this <i>Florida Not I</i>	For Profit Corporat	ion adopts the follow
If amending name, enter the new na	me of the corporati	on:		
NEW CREATI	ON CHRISTI	AN CHURCH,	INC.	The
ne must be distinguishable and contain ompany" or "Co." may not be used in		ion" or "incorporat	ed" or the abbrevia	tion "Corp." or "In
Enter new principal office address,	f annlicable:	300 N. HIG	HLAND AVE.	
incipal office address MUST BE A ST	REET ADDRESS)	TARPON SPR	INGS, FL 3	4688
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applie (Mailing address MAY BE A POST (cable: OFFICE BOX	P.O. BOX 2	2437	
(muning dutiess (MATT 1922) C 400.	,, <u>, 100 00,,</u>	TARPON SPR	INGS, FL 3	4688
			. <u> </u>	
If amending the registered agent an new registered agent and/or the new	d/or registered office a	<u>e address in Florid</u> ddress:	a, enter the name	of the
Name of New Registered Agent:	300 N. HIG	HLAND AVE.		
		(Florida street address)	 	
ew Registered Office Address:				
ew Registered Office Address:	TARPON SPR	INGS	, Florida <u>3</u> (Zip Cod	4688

Page 1 of 4

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)

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 he 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: XChange	PI	John Do	:	
X Remove	¥	Mike Jor	ncs	
X Add	<u>sv</u>	<u>Sally Sm</u>	ùth	
Type of Action (Check One)	Title		Name	Address
1) X Change Add Remove	PD	-	Daniel W. Windstrup	P.O. Box 2437 Tarpon Springs, FL 34688
2) Change Add Remove	v	_	Vincent Wozniak	P.O. Box 2437 Tarpon Springs, FL 34688
3) _X Change Add Remove	ST	-	Angela A. Windstrup	P.O. Box 2437 Tarpon Springs, FL 34688
4) Change Add Remove	D	_	Jim Miley	24 Whalen Avenue Sicklerville, NJ 08081
5) Change Add Remove		-		
6) Change Add Remove		_		

If amending or adding additional Ar attach additional sheets, if necessary).	ticles, enter (Be specif	change(s) hei ic)	<u>re</u> :			
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The date of each amendment	t(s) adoption: February 21, 2012
Effective date if applicable:	February 21, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) approval.
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Dated	2-21-2012 11 aux (1) Whole
(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Daniel	W. Windstrup
	(Typed or printed name of person signing)
Preside	ent
	(Title of person signing)