

N05000002799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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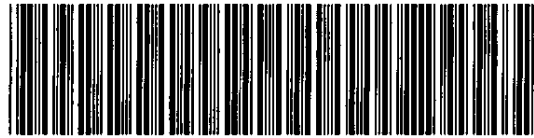
(Business Entity Name)

(Document Number)

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06 JUN - 8 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUN 08 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2006

NICHOLAS T. SIMONIC  
BRIDGE FAMILY WORSHIP CENTER, INC.  
8750 PERIMETER PARK BLVD  
JACKSONVILLE, FL 32216-6347

SUBJECT: BRIDGE FAMILY WORSHIP CENTER, INC.  
Ref. Number: N05000002799

We have received your document for BRIDGE FAMILY WORSHIP CENTER, 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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  
Document Specialist

Letter Number: 206A00021026

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BRIDGE FAMILY WORSHIP CENTER, INC.

DOCUMENT NUMBER: NO50000002799

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

Please return all correspondence concerning this matter to the following:

Debbie Alexa  
(Name of Contact Person)

Simonie & Associates  
(Firm/ Company)

8750 Perimeter Park Blvd.  
(Address)

Jax, FL 32216  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Debbie Alexa at ( 904 ) 928-1040 ext. 21  
(Name of Contact Person) (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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

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7  
Bridge Family Worship Center  
(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N 05000002799

(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):**

THE BRIDGE FAMILY WORSHIP CENTER, 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)**

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(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: MARCH 14, 2006

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.

Signature                     Duane Erickson                      
(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.)

                    Duane ERICKSON                      
(Typed or printed name of person signing)

                    PRESIDENT / DIRECTOR                      
(Title of person signing)

**FILING FEE: \$35**