

N05 000003022

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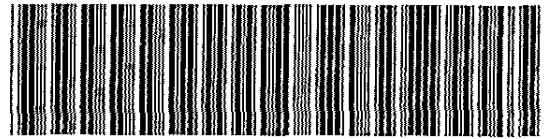
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** KING COMMUNITY OUTREAH NETWORK, INC.

**DOCUMENT NUMBER:** N05000003022

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

Please return all correspondence concerning this matter to the following:

Jerome J. Finocchi

(Name of Contact Person)

Kingdom Community Outreach Network Inc.

(Firm/ Company)

9624 U.S. Highway 301

(Address)

Dade City, FL 33525

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Jerome J. Finocchi

(Name of Contact Person)

at ( 352 ) 999-0523

(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



The date of adoption of the amendment(s) was: 04-01-2005

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 11<sup>th</sup> day of April, 2005.

Signature

Jerome J. Finocchi  
(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.)

Jerome J. Finocchi

(Typed or printed name of person signing)

Treasurer

\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**