N05000005015

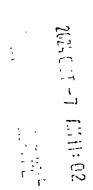
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ST. MARY Missionary Baptist Church, Inc
DOCUMENT NUMBER: 15000005015
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pastor Ira L. Lightsey (Name of Contact Person)
ST. Mary Missionary Baptist Church, Inc. (Firm/Company)
3102 Wiley Ave. (Address)
Mims FLorida 32754 (City/ State and Zip Code)
reviked to Jahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pastor Ira Lightsey at 321 1684-3723 (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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status ☐ Certified Copy (Additional copy is enclosed) ☐ Certified Copy (Additional Copy
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

ST. Mary Mission (Name of Corporation ascurrently filed with the		of church Inc.
N0500000501	5 ent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Floriamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the SI. May M. B. name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	Church Inc	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<i>OX</i>)	
D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, d office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orida street address)
_	(Charles)	, Florida
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	(City) gistered Agent: I am familiar with and accept t	(Zip Code) the obligations of the position.
	Signature of New Registe	red 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 be 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	_D	Leroy Mitchell	2683 Marigold Ave.
Remove 2) Change Add	D	David Mitchell	1930 East Main Street mims, FL 32754
Remove 3) RemoveAdd Remove	0	Ronald Mitchell	3102 Limestone Circle New Smyrna Bruch, Fl 32168
4) Change Aldres	DC	Alphonso McCullough	2595 East Main street MIMS, FL 32754
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.		w C		if other than the
Effective date if applicable:				
	o more than 90 days after an	nendment file date)		
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statu			listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the numb	er of votes cast for the	amendment(s)	

Ø	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 $\frac{9/30/21}{}$			
	Signature approx Mclulweff			
	(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)			
	Deason Aphonso Macullaugh (Typed or printed name of person signing)			
	Co-Chairman of Devocons (Title of person signing)			