

N05000007456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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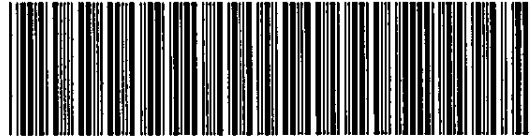
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
MASSACHUSETTS

076000025091  
4/19/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Network of Promise, Inc \_\_\_\_\_

**DOCUMENT NUMBER:** N05000007456 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Marjorie Jarvis

\_\_\_\_\_  
(Name of Contact Person)

Network of Promise, Inc

\_\_\_\_\_  
(Firm/ Company)

4626 Keene Road

\_\_\_\_\_  
(Address)

Plant City, FL 33565

\_\_\_\_\_  
(City/ State and Zip Code)

djmj777@verizon.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie Jarvis

813

788-1612

at

\_\_\_\_\_  
(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2016

MARJORIE JARVIS  
4626 KEENE ROAD  
PLANT CITY, FL 33565

SUBJECT: NETWORK OF PROMISE INC.  
Ref. Number: N05000007456

We have received your document for NETWORK OF PROMISE INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 316A00006921

Articles of Amendment  
to  
Articles of Incorporation  
of

Network of Promise, Inc

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

N05000007456

(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:

**A. If amending name, enter the new name of the corporation:**

The Refuge Biker Church, Inc

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

2514 Corvillia

Zephyrhills, FL 33540

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

4626 Keene Road

Plant City, FL 33565

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Jerry Money</u>	<u>2708 Keene Campbell Road</u>
<input type="checkbox"/> Add			<u>Plant City, FL 33565</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Ron Thomas</u>	<u>39651 Sweetgum Avenue</u>
<input type="checkbox"/> Add			<u>Zephyrhills, FL 33542</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>CEO</u>	<u>John Strickland</u>	<u>4626 Keene Road</u>
<input type="checkbox"/> Add			<u>Plant City, FL 33565</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Keith Turcotte</u>	<u>4602 Creek Meadow Trail</u>
<input checked="" type="checkbox"/> Add			<u>Lakeland, FL 33810</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>Marjorie Jarvis</u>	<u>37919 Nick Avenue</u>
<input type="checkbox"/> Add			<u>Zephyrhills, FL 33542</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T</u>	<u>Nina Sue Tarte</u>	<u>3413 Mount Tabor Road</u>
<input checked="" type="checkbox"/> Add			<u>Lakeland, FL 33810</u>
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

see attached SDIC3"



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
PO Box 2508  
Cincinnati, OH 45201

Date: **MAR 15 2016**

NETWORK OF PROMISE INC  
C/O JOHN STRICKLAND  
4626 KEENE ROAD  
PLANT CITY FL 33565

Employer ID number:  
33-1120513  
Person to contact / ID number:  
Michelle A Glutz  
ID# 0203085  
Contact telephone number:  
1-877-829-5500  
Form 990/990-EZ/990-N required:  
No

Dear Applicant:

In your letter dated January 17, 2016, you requested reclassification of foundation status as a public charity.

Our records indicate you are tax exempt under IRC Section 501(c)(3). You're currently classified as a public charity described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i) and updated our records.

Because your tax-exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under IRC Section 501(c)(3).

This letter could help resolve questions on your foundation status. Keep it for your records.

Sincerely,

Jeffery I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

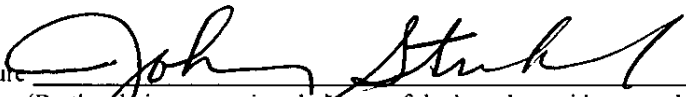
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ 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 4-14-2016

Signature   
(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)

Johnny Strickland  
(Typed or printed name of person signing)

CEO

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