

ND5000009049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

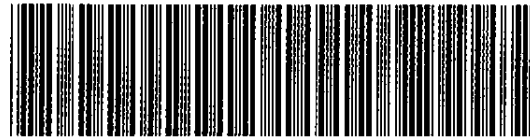
(Business Entity Name)

(Document Number)

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04/11/11--01024--012 \*\*35.00

*Ames/M*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 25 AM 9:06

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2011

HAL HALLER III  
ENGAGE CHURCH  
P O BOX 1306  
BARTOW, FL 33831

SUBJECT: CROSS CONNECTION CHURCH, INC.  
Ref. Number: N05000009049

We have received your document for CROSS CONNECTION CHURCH, 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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  
Regulatory Specialist II

Letter Number: 111A00009042

RECEIVED  
11 APR 25 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Cross Connection Church, Inc.

**DOCUMENT NUMBER:** N05000009049

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

Please return all correspondence concerning this matter to the following:

Hal Haller III  
(Name of Contact Person)

Engage Church  
(Firm/ Company)

P.O. Box 1306  
(Address)

Bartow, FL 33831  
(City/ State and Zip Code)

Sharon.csd@gmail.com

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

For further information concerning this matter, please call:

Sharon Haller  
(Name of Contact Person)

at ( 863 ) 660-9208  
(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 &  
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

Cross Connection Church, Inc.

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

NO5000009049

(Document Number of Corporation (if known))

FILED  
11 APR 25 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

Engage 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)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Hal Haller III

New Registered Office Address:

(Florida street address)

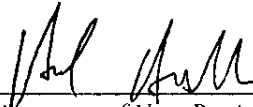
(City)

, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Hal Haller III</u>	<u>6330 Ashley Dr.</u> <u>Lakeland, FL 33813</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Matt Burks</u>	<u>33 Lake Link Cir SE</u> <u>Winter Haven FL 33884</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SO</u>	<u>Byrce Edelson</u>	<u>990 E. Stuart St.</u> <u>Bartow, FL 33830</u>	<input checked="" type="checkbox"/> Add → change title <input type="checkbox"/> Remove
	<u>Bob Brasswell</u>	<u>1964 Wind Meadows Drive</u> <u>Bartow, FL 33830</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

The date of each amendment(s) adoption: 4-4-11

- " (date of adoption is required)

Effective date if applicable: 4-4-11

(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(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 4-8-11

Signature Bryce A. Edelson

(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)

Bryce A Edelson  
(Typed or printed name of person signing)

Former President -  
(Title of person signing)