

N06000008143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

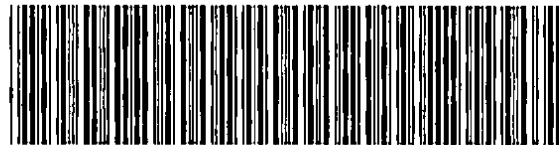
(Business Entity Name)

(Document Number)

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TELETYPE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IMMANUEL Anglican Church INC.

DOCUMENT NUMBER: N06000008143

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

Please return all correspondence concerning this matter to the following:

PAUL E. Robinson
(Name of Contact Person)

IMMANUEL Anglican Church INC.
(Firm/ Company)

915 ORCHID AVE.
(Address)

KEYSTONE HEIGHTS, FLORIDA 32656
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

PAUL E Robinson at 352 284-9708
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

IMMANUEL Anglican Church Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO600000 8143

(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:

N/A

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)

915 ORCHID AVE.

KEYSTONE HEIGHTS, FLORIDA

32656

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

915 ORCHID AVE

KEYSTONE HEIGHTS, FLORIDA

32656

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:

PAUL E. ROBINSON

915 ORCHID AVE

(Florida street address)

New Registered Office Address:

KEYSTONE HEIGHTS

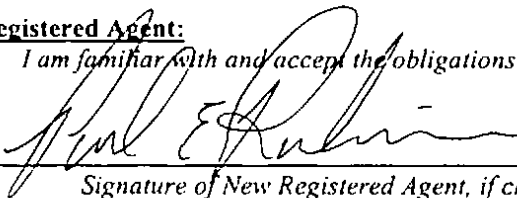
(City)

Florida 32656

(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:

001 -
PM 2:42

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

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☐ Add

D

MARTHA BARRON

4343 Song Sparrow Dr.
Middleburg, Florida
32068

☒ Remove

2) ☐ Change
☐ Add

D

GLEN HENDERSON

143 Ann St.
Hawthorne, Florida
32640

☒ Remove

3) ☐ Change
☒ Add
☐ Remove

D

KELLY REESA CURRY

1035 SE LAKE LANE
Kryslone Heights, Florida
32656

4) ☐ Change
☒ Add

D

BENJAMIN BOULET

107 SW PECN ST.
Kryslone Heights, Florida
32656

☐ Remove

5) ☐ Change
☐ Add

☐ Remove

6) ☐ Change
☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

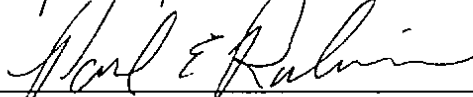
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Effective date if applicable: 10/17
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 9/28/2020

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)

PAUL E. ROBINSON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)