



**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION: Antioch Missionary Baptist Church Incorporated of Fort MYERS**

**DOCUMENT NUMBER: N06000012647**

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

Please return all correspondence concerning this matter to the following:

Bobby L. Faust Sr.

(Name of Contact Person)

Antioch Missionary Baptist Church Incorporated of Fort Myers

(Firm/ Company)

163 Catalina Street

(Address)

Fort Myers, Florida 33916

(City/ State and Zip Code)

ANTIOCHMBCHURCH@EMBARQMAIL.COM

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

For further information concerning this matter, please call:

BOBBY L. FAUST SR.

(Name of Contact Person)

at ( 239 ) 462-4602

(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

Antioch Missionary Baptist Church Incorporated of Fort Myers

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

N06000012647

(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**)*

N/A

N/A

N/A

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

N/A

N/A

**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:

CYNTHIA WARREN

New Registered Office Address:

818 JARMILA LANE

*(Florida street address)*

FORT MYERS

*(City)*

Florida 33905

*(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.*

Cynthia Warren

*Signature of New Registered Agent, if changing*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 DEC -7 PM 3:14

**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>
M	VIVIAN HILL	2997 PRICE STREET FORT MYERS, FLORIDA 33916	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M	CHARLES HALL	3715 HIGHLAND AVENUE FORT MYERS, FLORIDA 33916	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CO- C	LESTER PARKER	515 21st STREET SW LEHIGH ACRES, FLORIDA 33971	<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)*

THIS IS AN UPDATE FOR BANKING PURPOSES AND OFFICERS. THE BANK  
 STIPULATIONS ARE AS FOLLOWS: NO CHANGES TO BE MADE TO BANK  
 ACCOUNTS UNLESS APPROVED BY BOBBY L. FAUST SR, (PRESIDENT CHAIRMAN)  
 OR JOSEPH WARREN JR. ( VICE- PRESIDENT). BANK MUST CONTACT EITHER OF  
 THE TWO BEFORE ANY CHANGES BE MADE.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

**M- Robert Canady – 1801 Gordon Avenue S, Lehigh Acres, Florida 33971 -Delete**

**M- Willie M. Lewis- 2514 Ford Street, Fort Myers, Florida 33916 – Delete**

**PC- Bobby L. Faust Sr.- 518 Hibiscus Avenue, Lehigh Acres, Florida 33972-Add**

**VP- Joseph Warren Jr.- 818 Jarmila Lane, Fort Myers, Florida 33905 –Add**

**T- Carolyn Gibson- 2454 Aztec Drive, Fort Myers, Florida 33916 - Add**

**M- Jessie Raybon- 1910 Wanda Avenue, Lehigh Acres, Florida 33971-Add**

**M- Lucille Paulin- 13 Castlebar Circle, Fort Myers, Florida 33905 – Add**

**M- Kenneth Jackson – 374 Parkdale Boulevard, Lehigh Acres, Florida 33974- Add**

**M- Sarah Horne- 3580 Central Avenue Apt. 207, Fort Myers, Florida 33901-Add**

The date of each amendment(s) adoption: 12/1/2010  
(date of adoption is required)  
Effective date if applicable: OCTOBER 5, 2010  
(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 12/1/2010

Signature Bobby L Faust Sr  
(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)

BOBBY L FAUST SR  
(Typed or printed name of person signing)

President / Chairman  
(Title of person signing)