## No700001453

| (Requestor's Name)                      |         |
|---|---------|
| , (Address)                             | _       |
| (Address)                               |         |
| (City/State/Zip/Phone #)                |         |
| PICK-UP WAIT MAIL                       |         |
| (Business Entity Name)                  | <u></u> |
| (Document Number)                       | _       |
| Certified Copies Certificates of Status | _       |
| Special Instructions to Filing Officer: |         |
|   |         |
|   |         |
|   |         |
|   |         |

Office Use Only

11/20/10



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                         | ATION: FORT MEADE                            | WORSHIP CENTER   |   |  |
|--|--|--|---|--|
| DOCUMENT NUMB                          | er: <u>N07000001453</u>                      |  |   |  |
| The enclosed Articles of               | of Amendment and fee are subm                | nitted for filing.   |   |  |
| Please return all corresp              | pondence concerning this matte               | r to the following:  |   |  |
|  |  | . CARDINALE CPA  |   |  |
|  | (Name of C                                   | Contact Person)  |   |  |
|  | CARDINALE F                                  | INANCIAL GROUP   |   |  |
|  | (Firm/                                       | Company)   |   |  |
|  | 3914 FLATIRO                                 | N LOOP STE 101   |   |  |
|  | (A   | ddress)  |   |  |
|  | MEGLEVICH                                    | ADEL EL 22544  |   |  |
| .——                                    |  | APEL, FL 33544<br>and Zip Code)                                    | <del>-</del>  |  |
|  | (Only, Diam)                                 | , w  |   |  |
|  |  | dinalecpa.com  |   |  |
|  | E-mail address: (to be used                  | for future annual report notificat                                 | non)  |  |
| For further information                | concerning this matter, please               | call:  |   |  |
| DAN BROCKMAN                           |  | at (863221-4066  |   |  |
| (Name o                                | f Contact Person)                            | (Area Code & Daytim  | e Telephone Number)   |  |
| Enclosed is a check for                | the following amount made pa                 | yable to the Florida Department                                    | of State:   |  |
|  | □ \$43.75 Filing Fee & Certificate of Status | 2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |  |
|  | g Address<br>ment Section                    | Street Address Amendment Section                                   |   |  |
| Divisio                                | n of Corporations                            | Division of Corporations Clifton Building                          |   |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |  | 2661 Executive Center Circle Tallahassee, FL 32301                 |   |  |

## Articles of Amendment to Articles of Incorporation of Fort Meade Wolsh-p Center Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) Mo700001453 (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:

| e new name must be distinguishable and co<br>breviation "Corp." or "Inc." "Company" o |  | acorporated" or the   |
|---|--|-----------------------|
| Enter new principal office address, if apprincipal office address MUST BE A STREE     | licable:   |                       |
| incipui office unaress <u>invist be A STREE</u>                                       | <u> </u>   |                       |
|   |  |                       |
| Enter new mailing address, if applicable  |  |                       |
| (Mailing address MAY BE A POST OFFIC  | CE BOX)  |                       |
|   |  |                       |
|   |  |                       |
|   | <del></del>                                      | <del></del>           |
| If amending the registered agent and/or 1   | registered office address in Florida, e          | nter the name of the  |
| If amending the registered agent and/or new registered agent and/or the new regis     |  | nter the name of the  |
|   |  | enter the name of the |
| <u>Name of New Registered Agent</u> :   | stered office address:                           | enter the name of the |
| new registered agent and/or the new regis   |  | enter the name of the |
| <u>Name of New Registered Agent</u> :   | stered office address:  (Florida street address) | <br>Florida           |
| <u>Name of New Registered Agent</u> :   | stered office address:                           |                       |

## 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> | Name   | Address                                       | Type of Action    |
|--------------|--|---|-------------------|
| <u>P</u>     | John D. Arrowood   | 300 S. Washington Street Fort Meade, FL 33841 | ☑ Add<br>□ Remove |
|              |  |   |                   |
|              |  |   | ☐ Add<br>☐ Remove |
| E. If amend  | ling or adding additional Articles, end<br>dditional sheets, if necessary). (Be sp | <u>ter change(s) here</u> :<br>ecific)        |                   |
|              |  |   |                   |
|              |  |   |                   |
|              |  |   |                   |
|              |  |   |                   |
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|              | <del>-</del>   |   |                   |
|              |  |   |                   |
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|              |  |   | ·                 |
|              |  |   |                   |
|              |  |   |                   |

| The date of each amendment(s) adoption: 7/9/09   |
|--|
| Effective date if applicable: (date of adoption is required)   |
| (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  |
| 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) |
| TANIEL R. BROCKMAN (Typed or printed name of person signing)   |
| EXECUTIVE PASTOR, VICE PRESIDENT (Title of person signing)   |