N08000001655

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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SECRETARY OF STATE
SECRETARY OF STATE

Amend

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JUN 2 1 2010

TO: Amendment Section Division of Corporations

| NAME OF CO | ORPORATION: MOUNT P | ELIER BAPTIST CHUP | RCH, INCOF | RPORATE |
|--|--|--|--|---|
| DOCUMENT | NUMBER: NO800000165 | 55 | | |
| The enclosed A | Articles of Amendment and fee a | re submitted for filing. | • | |
| Please return a | Il correspondence concerning thi | s matter to the following: | · | |
| , | DA | ANIEL SUMMERS | | |
| | (Na | me of Contact Person) | | |
| ; | | | | |
| | | (Firm/ Company) | ; | • |
| and the second of the second o | | P O BOX 494 | .; | |
| | | (Address) | | • |
| , , , , , , , , , , , , , , , , , , , | BEL | LEVIEW FL 34420 | , | _ |
| , , | · · (City | y/ State and Zip Code) | • | |
| · \$ | | accountin@cfl.rr.com oe used for future annual report n | otification) | |
| For further infe | ormation concerning this matter, | please call: | • | |
| DANEL | (Name of Contact Person) | | 25 9680 <u>K-2017 A</u> Daytime Telepho | home ne Number) |
| • | check for the following amount m | ` | • | , |
| ☑ \$35 Filing I | Fee \$\Bigcup \$43.75 \text{ Filing Fee & Certificate of Status} | Certified Copy (Additional copy is enclosed) | Certific Certific (Addit | .50 Filing Fee cate of Status ed Copy ional Copy losed) |
| | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL | crion porations g Center Circle | , |



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2010

DANIEL SUMMERS PO BOX 494 BELLEVIEW, FL 34420

SUBJECT: MOUNT PELIER BAPTIST CHURCH, INCORPORATED

Ref. Number: N08000001655

We have received your document for MOUNT PELIER BAPTIST CHURCH, INCORPORATED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 210A00015005

Articles of Amendment to Articles of Incorporation of

| | MINULED |
|--|--|
| e) | SECRETARY OF STATE AHASSEY OF STATE AHASSEY OF STATE OF S |
| <u>. </u> | TALL AHASSEE FLORIDA |

Mount Pelier Baptist Church, Incorporated

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

N08000001655

(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:

| The new name must be distinguishable and bireviation "Corp." or "Inc." "Compan | | | |
|---|-------------------------|----------------------------|------------------------------|
| 3. Enter new principal office address, i | | | • |
| Principal office address <u>MUST BE A ST</u> | TREET ADDRESS) | • | |
| | _ _ | . , , | |
| Enter new mailing address, if applie | | ť | |
| | | | |
| | | , ! | |
| | _ | : | |
| new registered agent and/or the new | | | a, enter the name of the |
| | registered office addre | | a, enter the name of the |
| new registered agent and/or the new Name of New Registered Agent: | registered office addre | ess: | |
| new registered agent and/or the new Name of New Registered Agent: | registered office addre | ess: | , Florida, <i>Zip Code</i>) |
| Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if chereby accept the appointment as registered. | registered office addre | street address) (City) nt: | , Florida |
| Name of New Registered Agent: | registered office addre | street address) (City) nt: | , Florida (Zip Code) |

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> | Address | Type of Action |
|--------------|--|-----------------------------------|-------------------|
| <u>D</u> | MARY MOBLEY | P O BOX 494 BELLEVIEW FL 34420 | ☑ Add ☐ Remove |
| <u>S</u> | GENEVA SUMMERS | P O BOX 494 BELLEVIEW FL 34420 | ☑ Add ☐ Remove |
| <u>VP</u> | DANIEL T SUMMERS | P O BOX 494 BELLEVIEW FL 34420 | ✓ Add ☐ Remove |
| E. If amer | nding or adding additional Articles, e | nter change(s) here: pecific) | |
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| The date of each amendment(s) add | option: 06/11/2010 |
|--|---|
| `, | (date of adoption is required) |
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopwas/were sufficient for approval. | oted by the members and the number of votes cast for the amendment(s) |
| • | : |
| There are no members or membe adopted by the board of directors. | rs entitled to vote on the amendment(s). The amendment(s) was/were |
| | |
| Dated 06/11/201 | o |
| ^ | 2 |
| Signature | in Tomor |
| have not b | airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, of a appointed fiduciary by that fiduciary) |
| | DANIEL T SUMMERS |
| - | (Typed or printed name of person signing) |
| | VICE PRESIDENT |
| | (Title of person signing) |

Page 3 of 3