N08000006412

(Re	equestor's Name)	
(Ac	ldress)	•
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(Ci	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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DIVISION OF CORPORATIONS

16 OCT -1 AM IO: 25

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October 9, 2014

ROSEMOND TELISCA / FIRST CHRISTIAN CHURCH OF GALILLEA I 422 SW 6TH AVENUE BOYNTON BEACH, FL 33435 US

SUBJECT: FIRST CHRISTIAN CHURCH OF GALILLEA, INC.

Ref. Number: N08000006412

We have received your document for FIRST CHRISTIAN CHURCH OF GALILLEA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 714A00021668

Carolyn Lewis Regulatory Specialist II

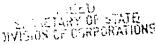
www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	rish Christian	Churc	ch of Galillea,Inc
DOCUMENT NUMBER: N	08000006412		
The enclosed Articles of Amend	ment and fee are submitted for fil	ing.	
Please return all correspondence	concerning this matter to the follo	owing:	
Rosemond Tel	isca		
	(Name of C	ontact Person)	
First Christian	Church of Galill	ea,Inc	
	(Firm/	Company)	· · · · · · · · · · · · · · · · · · ·
422 Sw 6th Av	е		
	(Ac	ldress)	
Boynton Beacl	FI 33435, ר		
	(City/ State	and Zip Code)	
	ndtelisca@gma		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
For further information concerns	ing unis matter, piease carr.		
Rosemond Te	•	,561	572-7843
_	isca		572-7843 e & Daytime Telephone Number)
Rosemond Te	isca	(Area Cod	e & Daytime Telephone Number)
Rosemond Tel (Name of Contact Enclosed is a check for the follo	isca at Person) wing amount made payable to the \$43.75 Filing Fee & \$\sumsymbol{\su}\$\$\$\$\$43.75 F Certificate of Status Certified	(Area Cod Florida Depart iling Fee & Copy al copy is	e & Daytime Telephone Number)

Articles of Amendment to Articles of Incorporation of



First Christian Church of	Galillea, Ind	C	14 OCT = ! _	AM ID: 2
(Name of Corporation as currently N08000006412	filed with the Flo	rida Dept. of State)		MT1 10. C
(Docum	ment Number of Co	orporation (if known)		-
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this Florida Not For Profit	Corporation adopts th	ne followin
A. If amending name, enter the new nam	ne of the corporat	ion:		
First Christian Baptist Chu	irch of Galil	ee,Inc		The ne
name must be distinguishable and contain i "Company" or "Co." may not be used in t		tion" or "incorporated" or the	abbreviation "Corp.	or "Inc.
	 			
B. Enter new principal office address, if Principal office address MUST BE A STI	<u>applicable:</u> REET ADDRESS	Not applicable		
- 	-	Not applicable	···	
C. Enter new mailing address, if applies (Mailing address MAY BE A POST O		Not applicable		
). If amending the registered agent and/ new registered agent and/or the new			e name of the	
	Not applica			
<u>New Registered Office Address:</u>		(Florida street address)		
	Not applica	ble _F	orida	
	(City)	<u></u>	(Zip Cod	le)
New Registered Agent's Signature, if cha hereby accept the appointment as register	ed agent. I am fai	miliar with and accept the oblig	cations of the position	
	Signature of New.	Registered Agent, if changing		

Page 1 of 4

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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: XChange X Remove X Add	Y Mil	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> ·	<u>Addres</u> s
1) Change	S	CAZILE MARIEN N	5035 BOCA CIRCLE
Add			LAKE WORTH
X Remove			FL 33463
2) Change	S	Viergina Telisca	321 Sw 4th street
X Add			Boynton Beach
Remove			FI 33435
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The	e date of each amendment	September 16 ,2014		, if other than the
date	e this document was signed ective date <u>if applicable</u> :		S CHETARY THISION OF C	OF STATE INFORATIONS
		(no more than 90 days after amendment file date)	14 OCT -1	AM 10: 26
4.de	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the proval.	e amendment(s)	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendmen lirectors.	t(s) was/were	
	Dated 09/	16/2014 25 5 48 C		
	(By the	chairman or vice chairman of the board, president or other offic ot been selected, by an incorporator – if in the hands of a receiv court appointed fiduciary by that fiduciary)		
	Rosem	ond Telisca		
		(Typed or printed name of person signing)		
	Preside	ent		
		(Title of person signing)	~~~	