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COVER LETTER

TO: Amendment Section Division of Corporations ST. LUKE MISSIONARY BAPTIST CHURCH OF NARCOOSSEE, INC. NAME OF CORPORATION: N08000009453 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TRACY E. PAUL (Name of Contact Person) ST. LUKE MISSIONARY BAPTIST CHURCH OF NARCOOSSEE, INC. (Firm/ Company) 5200 JONES ROAD (Address) ST. CLOUD, FLORIDA 34771 (City/ State and Zip Code) saintlukembc@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TRACY E. PAUL (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

St. Luke Missionary Baptist Church	·	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N08000009453		
(Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute unendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i> a	adopts the following
A. If amending name, enter the new name of the corporat	ion:	Th
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation	The new "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>		* 560
		10000000000000000000000000000000000000
		— 6 §
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	TO NG 10 M S. L2
		e.
 If amending the registered agent and/or registered office and registered agent and/or the new registered office a 		<u>ie</u>
Name of New Registered Agent: N/A		
	(Florida street address)	
<u>New Registered Office Address:</u>		
(Cinu)	, Florida, <i>(Zip Code)</i>	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		position.

Page 1 of 4

Signature of New Registered Agent, if changing

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: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	CFO	CLINTON BROWN	5170 FRYER ROAD ST. CLOUD, FL 34771
2) Change Add Remove	TR	ANN JONES	601 WIGGINS ROAD ST. CLOUD, FL 34771
3) Change Add Remove	TRC	FRANCES HECKSTALL-LLOYD	4307 CHAMBERLIN COURT ST. CLOUD, FL 34772
4) Change Add Remove	TR	HAROLD NEAL	P. O. BOX 700412 ST. CLOUD, FL 34770
5) Change Add Remove	S	TRACY E. PAUL	5205 JONES ROAD ST. CLOUD, FL 34771
6) Change Add X Remove	P	REV. MICHAEL WOODS	3216 ST. AUGUSTINE COURT KISSIMMEE, FL 34746

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.

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Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>C</u>	MeChelle Gaines	118 Astor Court
Add			Kissimmee, FL 34743
Remove			
2) X Change	TR	Cynthia Harley	1509 Delaware
Add			St. Cloud, FL 34769
Remove			And the second s
3) Change			****
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
I/A			
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The date of each amendment(s) adoption: $\frac{\mathcal{J}\mathcal{U} \setminus (9, 20, 2)}{2}$
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 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 July 19, 2012 Signature July 19, 2012
(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)
Tracy E. Paul
(Typed or printed name of person signing)
Secretary
(Title of person signing)