N08777

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	First Assembly of G	od Church of Fort Pi	erce, Inc	
NO8				
DOCUMENT NUMBER:		<u></u>		<u> </u>
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matt	er to the following:		
Mark Carrara				
	 	(Name of Contact P	erson)	
Oasis Assembly of God				
		(Firm/ Compan	y)	
2250 SE Walton Road				
		(Address)		· · · · · · · · · · · · · · · · · · ·
Port St Lucie, FL 34952				
		(City/ State and Zip	Code)	
lillian@highpoint.cc				
E-ma	il address: (to be use	l for future annual re	port notification	on)
For further information concerni	ng this matter, please	e call:		
Mark Carrara			772	335-8874 ext 100
(Nai	ne of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee □\$	43.75 Filing Fee & Certificate of Status	■S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Addr		-	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

First Assembly of God Church of Fort Pierce, Inc.

Name of Corporation as currently filed with the Florida D	Dept. of State)
N08777	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
N/A	71
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	·
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: N/A	***
New Registered Office Address:	(Florida street address)
New Negisierea Office Address.	
	. Florida
	Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	
Sig	gnature 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>P</u>	Mark Carrara	2250 SE Walton Road. Port St Lucie, FL 34952
Remove 2) * Change Add	V	Grant Foster	11205 Roseland Road Sebastian FL 32958
Remove 3) × Change Add Remove	<u>T</u>	Calvin Lverla	13000 Okeechobee Blvd Loxahatchee, FL 33470
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addir (attach additional shee		Page 2 of 4 (cles, enter change(s) here: (Be specific)	

•		
•		
		
	 	
		
		
		 _
	Page 3 of 4	
The date of each amendment(s) adopted date this document was signed.	ion: N/A	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment fite date)	
Note: If the date inserted in this block d document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

	1/21/2020
Dated	
Signatu	ire //////////
_	
	(By the charman 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)
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)