

NO9000005797

Angela Poole

(Requestor's Name)

118 Salem Court

(Address)

(850) 514-6822

(Address)

Tallahassee FL 32301

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

Tallahassee Community Church

(Business Entity Name)

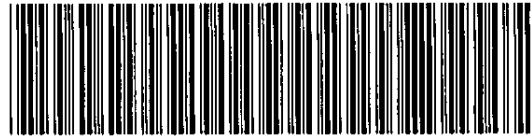
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TALLAHASSEE, FLORIDA
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STATE OF FLORIDA

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10 MAY -5 PM 2:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Amend
C.COULLETTE

MAY 05 2010

EXAMINER

Articles of Amendment
to
Articles of Incorporation
of

Tallahassee Community Church, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000005797

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Dr. Kenneth Barrington</u>	<u>62 6245 Hines Hill Cr.</u> <u>Tallahassee, FL</u> <u>32312</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Dr. E Helena Barrington</u>	<u>6245 Hines Hill Cr.</u> <u>Tallahassee, FL</u> <u>32312</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Atty Emily Moore</u>	<u>2522 NE Cap Cr</u> <u>Suite 6</u> <u>Tallahassee, FL 32308</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: April 29, 2010

(date of adoption is required)

Effective date if applicable: April 30, 2010

(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 5-5-10

Signature Angela M. Poole

(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)

Angela M. Poole

(Typed or printed name of person signing)

Vice President

(Title of person signing)