# N0900008290

(Re	questor's Name)	
. (Ad	dress)	
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(Cit	ry/State/Zip/Phone	<del>9 #)</del>
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Amendicus 103/29/10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Faith Mission of	of DeSc	oto County Inc.	<del></del>
DOCUMENT NUI	MBER: N09000008290			
The enclosed Articl	es of Amendment and fee are sub	mitted for	filing.	
Please return all cor	respondence concerning this matt	er to the f	ollowing:	
		B. Baile	<del></del>	
	(Name of	Contact P	erson)	
	Faith Mission o	f DeSoto	o County Inc.	
,	(Firm	/ Compan	y)	
	1109 s.e. 9th av	ıe (PO	Boy # 184 \	
		ddress)	. BOX # 104 )	
·		a Fl. 34		
	(City/ Stat	e and Zip	Code)	
	bill@ba E-mail address: (to be used	ileysac.		tion)
For further informat	ion concerning this matter, please			,
William B. Bailey		at (	863 ) 993-210	
(Nam	e of Contact Person)		(Area Code & Daytin	ne Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to t	the Florida Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	3.75 Filing Fee & ied Copy tional copy is sed)	
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

#### Articles of Amendment to Articles of Incorporation of

Faith Mission of I	DeSoto County Inc.	
(Name of Corporation as currently	y filed with the Florida Dept. of	(State)
N0900	0008290	<i>5</i>
(Document Number	r of Corporation (if known)	10 TAR 26
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incor		or Profit Corporation adopt
A. If amending name, enter the new name of the	e corporation:	
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "Comp		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable:	DOM:	
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	<del> </del>
D. If amending the registered agent and/or registered agent and/or the new register		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag position.	Registered Agent: ent. I am familiar with and a	ccept the obligations of the
Signo	ature of New Registered Agent, if	changing

Page 1 of 3

## 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>	Type of Action
V.P. Judy W	Judy Wood	1981s.e. Cherry st.	_
		Arcadia Fl. 34266	_
V.P.	Joseph R. Purcell	714 e. Maple st.	— ☑ Add
		Arcadia Fl. 34266	Remove
Treas.	Jerri Wyrick	6029 s.w. Marco ave.	— ☑ Add
		Arcadia Fl. 34266	Remove
(attach a	ding or adding additional Artic additional sheets, if necessary). By amend our Articles of Inc		) Said organization
is organiz	zed exclusively for charitable	e, religious, educational, and scientifi	c purposes,
including	, for such purposes, the ma	king of distributions to organizations	that qualify as
exempt o	rganizations under section	501 (c) (3) of the Internal Revenue C	ode, or
correspor	nding section of any future for	ederal tax code.	
b) Upon o	dissolution of the organization	on, assets shall be distributed for one	or more exempt
purposes	within the meaning of section	on 501 (c) (3) of the Internal Revenue	e Code, or
correspor	nding section of any future f	ederal tax code, or shall be distribute	d to the
federal go	overnment, or to a state or le	ocal government, for a public purpos	e. Any such
assets no	ot disposed of shall be dispo	sed of by the Court of common pleas	s of the county
in which t	he principal office of the org	ganization is then located, exclusively	for such
purposes	or to such organization or o	organizations, as said Court shall det	ermine,
which are	organized and operate exc	clusively for such purposes.	
			· · · · · · · · · · · · · · · · · · ·
			<del></del>

### 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
pres	William B. Bailey Sr.	6028 N.E. Thomas Dr. Arcadia Fl. 34266 (address change)	
<u></u>	***************************************		
	<del></del>		
E. If amend	ling or adding additional Articles, edditional sheets, if necessary). (Be s	enter change(s) here: specific)	
<del></del>	,		<del> </del>

The date of each amendmen	t(s) adoption: March 23rd 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_3-23	3-2010
Signature <u>/</u>	Willing Str.
hav	the chairman or vice chairman of the board, president or other officer-if directors on the number of the board, president or other officer-if directors on the number of the number of the chairman of the chairman of the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator — if in the hands of a receiver, trustee, or or court appointed fiduciary by that fiduciary)
	William B. Bailey Sr.
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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