

N09000008508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

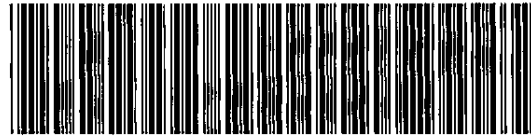
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

08/16/10--01029--013 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
-2010 SEP 14 PM 12:24

FILED

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9/14/10

✓00789 04104, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 SEP 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 18, 2010

David A. Tristani
Dockside Community Church
404 Marjon Ave.
Dunedin, FL 34698

SUBJECT: DOCKSIDE COMMUNITY CHURCH INC.
Ref. Number: N09000008508

We have received your document for DOCKSIDE COMMUNITY CHURCH 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 810A00019810

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dockside CommunityChurch Inc.

DOCUMENT NUMBER: N09000008508

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Tristani
(Name of Contact Person)

Dockside Community Church
(Firm/ Company)

404 Marjon Ave.
(Address)

Dunedin FL 34698
(City/ State and Zip Code)

pastordave01@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Tristani at (727) 733-2480
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

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

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 SEP 14 PM 12:24

Dockside Community Church Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000008508

(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

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>Director</u>	<u>Jim Gingras</u>	<u>12832 W Gorda Cir</u> <u>Largo Fl 33773</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Stephanie Gingras</u>	<u>12832 W Gorda Cir</u> <u>Largo Fl 33773</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Mark Richards</u>	<u>2075 N Highland</u> <u>Apt E15</u> <u>Clearwater Fl 33755</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)

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>
Director	Tony Kratz	400 Glennes Lane Apt 203 Dunedin FI 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director	William Hamilton	600 Wildwood Way Apt 109 Clearwater FI 33756	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

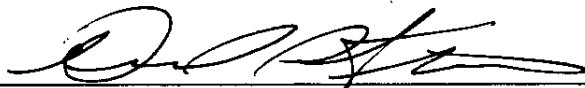
The date of each amendment(s) adoption: 8/11/10
(date of adoption is required)

Effective date if applicable: 8/16/10
(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 8/11/10

Signature 

(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)

David A. Tristani

(Typed or printed name of person signing)

President / Chairman

(Title of person signing)