

N090000008516

(Requestor's Name)

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(City/State/Zip/Phone #)

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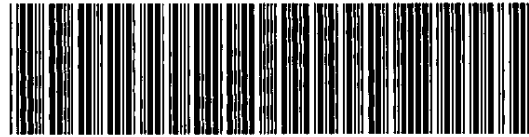
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 10 AM 9:31

Amend  
@ 9/14/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** St. John the Theologian Orthodox Church, Inc.

**DOCUMENT NUMBER:** N09000008516

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

Please return all correspondence concerning this matter to the following:

V Rev Theodore Pisarchuk

(Name of Contact Person)

St. Justin Martyr Orthodox Church

(Firm/ Company)

12460 Old St. Augustine Rd.

(Address)

Jacksonville, FL 32258

(City/ State and Zip Code)

tedpisarchuk@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rikki Southworth

(Name of Contact Person)

at ( 904 ) 880-7671

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2010

REV. THEODORE PISARCHUK  
ST. JUSTIN MARTYR ORTHODOX CHURCH  
12460 OLD ST. AUGUSTINE RD  
JACKSONVILLE, FL 32258

SUBJECT: ST. JOHN THE THEOLOGIAN ORTHODOX CHURCH, INC.  
Ref. Number: N09000008516

We have received your document for ST. JOHN THE THEOLOGIAN ORTHODOX CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ The date of adoption of each amendment must be included in the document.
- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- ✓ PLEASE LIST THE CORRECT TITLE FOR REV. THEODORE PISARCHUK (DIRECTOR).

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 210A00020339

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AUG 25 10 10 AM '10  
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[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

St. John the Theologian Orthodox Church, Inc.

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

N09000008516

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 10 AM 9:31

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**)

12460 Old St. Augustine Rd.

Jacksonville, FL 32258

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

12460 Old St. Augustine Rd.

Jacksonville, FL 32258

**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

(Attach additional sheets, if necessary)

**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: 8-1-10  
(date of adoption is required)


Effective date if applicable: \_\_\_\_\_  
(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 August 5, 2010

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)

V Rev Theodore Pisarchuk  
(Typed or printed name of person signing)

Director  
(Title of person signing)