

12000000603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

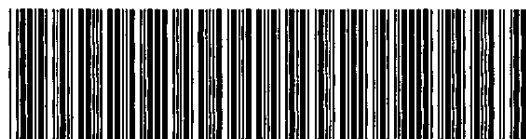
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

JUN 12 2012

Ames

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Harbour City Movement, Inc.

DOCUMENT NUMBER: N12000000603

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

Please return all correspondence concerning this matter to the following:

Stephanie Link (Rabbat)

(Name of Contact Person)

Registered Agent

(Firm/ Company)

1180 NW 104 Terrace

(Address)

Pembroke Pines, FL 33026

(City/ State and Zip Code)

stephclink@gmail.com

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

For further information concerning this matter, please call:

Stephanie Link

(Name of Contact Person)

at (954) 251-2322

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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

The Harbour City Movement, Inc.

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

N12000000603

(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 Anchor church, Inc.

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 291912

DAVIE, FL 33329

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:

Stephanie Link

1180 NW 106 Terr

(Florida street address)

New Registered Office Address:

Rembroke Pines

(City)

Florida

33020

(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.

See back page

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)

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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ** <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Stephanie Rabbat</u>	<u>1180 NW 106 Terrace</u> <u>Pembroke Pines, FL 33026</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Stephanie Link</u>	<u>1180 NW 106 Terrace</u> <u>Pembroke Pines, FL 33026</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Joshua Link</u> <u>* CHANGE ADDRESS *</u>	<u>1180 NW 106 Terrace</u> <u>Pembroke Pines, FL 33026</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**** Name change due to marriage.**
 See enclosed
 certificate *

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

* Add FEI NUMBER 45-5198194 as obtained
from the IRS on 5/3/2012 *

The date of each amendment(s) adoption: June 3, 2012

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 June 6, 2012

Signature eddy link
(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)

Stephanie Link
(Typed or printed name of person signing)

Director
(Title of person signing)

(STATE FILE NUMBER)

Department of Health • Vital Statistics

MAR 14 2012

**STATE OF FLORIDA
MARRIAGE RECORD**TYPE IN UPPER CASE
USE BLACK INKThis license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Date Returned: _____

Recorded: Book 2012 Page 2024

Howard C. Forman, Clerk of Court

By: CP

Deputy Clerk

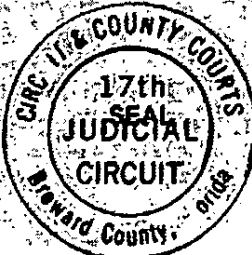
ML-AA-2012-000032

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) JOSHUA COLOMA LINK			2. DATE OF BIRTH (Month, Day, Year) APR 26, 1986	
3a. RESIDENCE - CITY, TOWN, OR LOCATION DAVIE	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) STEPHANIE CATHERINE RABBAT			5b. MAIDEN SURNAME (if different)	
7a. RESIDENCE - CITY, TOWN, OR LOCATION PEMBROKE PINES			7b. COUNTY BROWARD	7c. STATE FLORIDA
			8. DATE OF BIRTH (Month, Day, Year) AUG 06, 1986	
			8. BIRTHPLACE (State or Foreign Country) CANADA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF GROOM (Sign full name using black ink) 	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JAN 17, 2012
11. TITLE OF OFFICIAL DEPUTY CLERK SUE SAMPSON	12. SIGNATURE OF OFFICIAL (Use black ink)
13. SIGNATURE OF BRIDE (Sign full name using black ink) 	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JAN 17, 2012
15. TITLE OF OFFICIAL DEPUTY CLERK SUE SAMPSON	16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD	18a. DATE LICENSE ISSUED JAN 17, 2012	18b. DATE LICENSE EFFECTIVE JAN 17, 2012	19. EXPIRATION DATE MAR 16, 2012
20. SIGNATURE OF COURT CLERK OR JUDGE 		20a. TITLE DEPUTY CLERK SUE SAMPSON	20c. BY D.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) FEB 18, 2012	22. CITY, TOWN, OR LOCATION OF MARRIAGE FT. LAUDERDALE, FLORIDA
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) 	23c. ADDRESS (of person performing ceremony) 2260 Columbia Western, FL 35526
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) ERIK BENNETT PASTOR	24. SIGNATURE OF WITNESS TO CEREMONY
	25. SIGNATURE OF WITNESS TO CEREMONY

SEAL

NOTARY
04/10
04/11
04/12

THIS INFORMATION IS FOR VITAL RECORDS ONLY

Vg

BROWARD COUNTY, FLORIDA
I certify this document to be a true
and correct copy of the original.
WITNESS MY HAND AND SEAL

on MAR 15 2012

