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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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2022 NOV 17 AM II: 48

of 2/12/2023

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: | ST ASSOCIATION, INC. | | |
|--|---|--------------------------|--|
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | | |
| Piease return all correspondence concerning this matter | er to the following: | | |
| JOSEPH MADDOX | | | |
| | (Name of Contact Person |) | · · · · · · |
| ALACHUA BAPTIST ASSOCIATION, INC. | | | |
| | (Firm/ Company) | | |
| 936 HWY 41 SOUTH | | | |
| | (Address) | | |
| INVERNESS, FL 34450 | | | |
| | (City/ State and Zip Code | :) | |
| KAREN@NCBAFL.ORG | | | |
| E-mail address: (to be used | For future annual report i | otification | h) |
| For further information concerning this matter, please | call: | | |
| JOSEPH MADDOX | 352 at | | 726-7799 |
| (Name of Contact Person | | ea Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | iyable to the Florida Depa | rtment of | State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address Amendment Section | Street 2 | Address ment Secti | AND |
| Division of Corporations | | ment Secti n of Corpo | |

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

ALACHUA BAPTIST ASSOCIATION, INC.

2022 NOV 17 AH 11: 48

| (Name of Corporation as currently filed with the Flor | ida Dept. of State) | Sett. |
|---|------------------------------|---|
| N12770 | | TALEMANS |
| (Document N | umber of Corporation (if kno | own) |
| Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this Florida Not For | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | oration: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corp"Company" or "Co." may not be used in the name. | poration" or "incorporated" | or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | |
| | · | |
| C. Enter new mailing address, if applicable: | N/A | |
| (Mailing address MAY BE A POST OFFICE BOX) | 19/7 | |
| | | |
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| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | nter the name of the |
| NICA | | |
| Name of New Registered Agent: | | |
| | | ida street address) |
| New Registered Office Address: | ,,,,,, | |
| _ | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registo | ered Agent: | |
| I hereby accept the appointment as registered agent. I a | | re 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)

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 Doc 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 X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|----------------------------------|------------------------------|--|---|----|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change Add | <u> </u> | THOMAS COURIC | 1506 DRUID RD INVERNESS FL 34452 | _ |
| x Remove | | | | _ |
| 2) Change Add | 1 | <u>DENNIS JACOBSO</u> | ON 4016 W. FOUNTAIN LN CITRUS SPRINGS FL 34433 | |
| Remove Change Add Remove | V | BILLY OWENS | 494 CR 416 N LAKE PANASOFFKEE FL 335. | 38 |
| 4) Change Add | V | BYRON BROWN | 201 W. HIGHLANDS AVE INVERNESS FL 34452 | _ |
| Remove | | | | |
| 5) Change Add | | | | |
| Remove | | | | |
| 6) Change Add | | | | _ |
| Remove | | | | _ |
| | | onal Articles, enter change(s) l essary). (Be specific) |) here: | |
| N/A | <u> </u> | | | |
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| The date of each amendment(s) adoption: OCTOBER 18, 2022 | il other th | an tho |
| date this document was signed. | , ii omei m | an me |
| Effective date if applicable: OCTOBER 18, 2022 | | |
| (no more than 90 days after amendment file date) | | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | e will not be listed as the | he |
| 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.

| | 11-14-2022 |
|-----------|--|
| Dated - | |
| Signature | - Joe Micddol |
| | (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) |
| | |
| | JOSEPH MADDOX |
| | JOSEPH MADDOX (Typed or printed name of person signing) |