

N 130000 7128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

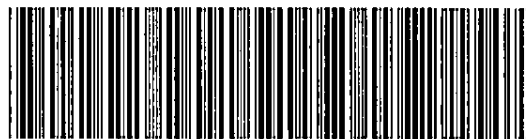
(Business Entity Name)

(Document Number)

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10/23/17--01013--031 \*\*35.00

C. GOLDEN

JAN 29 2018

FILED  
2018 JAN 29 11 30 24

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: My Place In Recovery Faith Community Inc.

DOCUMENT NUMBER: NI3000007128

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

Please return all correspondence concerning this matter to the following:

Steve Wood

(Name of Contact Person)

My Place In Recovery Faith Community Inc.

(Firm/ Company)

750 22end Ave. S.

(Address)

St. Petersburg, Fl. 33705

(City/ State and Zip Code)

myplaceinrecovery@gmail.com

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

For further information concerning this matter, please call:

Steve Wood

727-320-3855

at

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

November 14, 2017

STEVE WOOD                      2ND MAILING  
1104 15TH AVENUE NW  
LARGO, FL 33770

SUBJECT: MY PLACE IN RECOVERY FAITH COMMUNITY, INC.  
Ref. Number: N13000007128

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Their are no attachments.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 717A00021458

18 NOV 29 PM 1:17  
DIVISION OF CORPORATIONS  
CLARETHA GOLDEN  
REGULATORY SPECIALIST II



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2017

STEVE WOOD  
750 22ND AVENUE S  
ST. PETERSBURG, FL 33705

SUBJECT: MY PLACE IN RECOVERY FAITH COMMUNITY, INC.  
Ref. Number: N13000007128

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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Claretha Golden  
Regulatory Specialist II

Letter Number: 717A00021458

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2018 JAN 29 PM 3:24

My Place In Recovery Faith Community Inc.

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

N13000007128

(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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_  
(City)

\_\_\_\_\_, Florida

\_\_\_\_\_  
(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)*

*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Ana Camacho</u>	<u>1720 13th Ave. N.</u>
<input type="checkbox"/> Add			<u>St. Pete, Fl. 33711</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Jessie Weiner</u>	<u>9711 Shamokin Ln.</u>
<input type="checkbox"/> Add			<u>Port Richey, Fl. 34648</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Eddie Robinson, Elder</u>	<u>2900 1st Ave. S.</u>
<input type="checkbox"/> Add			<u>St. Pete, Fl. 33712</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>Steve Wood</u>	<u>1104 15th Ave. N.W.</u>
<input type="checkbox"/> Add			<u>Largo, Fl. 33770</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change		<u>Wright, Bruce John, Rev.</u>	<u>3705 58th Ave. N.</u>
<input type="checkbox"/> Add			<u>St. Pete, Fl. 33714</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

10/18/2017

Effective date if applicable: \_\_\_\_\_  
(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 will not be listed as the document's effective date on the Department of State's records.

**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 10/18/2017 \_\_\_\_\_

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)

Steve Wood

\_\_\_\_\_  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(Title of person signing)