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7. COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ONARY BAPTIST (CHURCH OF PENSACOLA INC
DOCUMENT NUMBER: N1400005	586	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
ANTHONY COLEMAN		
	(Name of Contact Perso	on)
ST MARY MISSIONARY BAPT	IST CHURCH	OF PENSACOLA INC
	(Firm/ Company)	
7336 COBB LN		
	(Address)	
PENSACOLA, FL 3250	5	
	(City/ State and Zip Co	de)
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
ANTHONY COLEMAN	₃₁ 850	, 602-1185
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$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	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

I'm was in the

ST MARY MISSIONARY BAPTIST CHURCH OF PENSACOLA INC 7 PH 12: 05

(Name of Corporation as currently filed with the Florida Dept. of State) N14000005586

WALLEARASSEE, ILCOM (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Co</i>	orporation adopts the following
amendment(s) to its Articles of Incorporation;	
A. If amounting manner and such a many manner of the componential.	

N/A			Th
ame must be distinguishable and contain <mark>Company" or "Co." may not be used in</mark>		ation" or "incorporated" or the	e abbreviation "Corp." or "
Enter new principal office address, if Principal office address MUST BE A ST.		N/A)	
. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	
			he name of the
. If amending the registered agent and new registered agent and/or the new	registered office		he name of the
			he name of the
new registered agent and/or the new	registered office		he name of the
new registered agent and/or the new	registered office		he name of the
new registered agent and/or the new Name of New Registered Agent:	registered office	address: (Florida street address)	
Name of New Registered Agent:	N/A	address: (Florida street address) , F	he name of the

Page 1 of 4

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 <math>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 X Remove X Add	<u>V</u> <u>M</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TR	KIZZIE KING	414 TREE SWALLOW DR
X Add			PENSACOLA, FL
Remove			32503
2) Change	<u>T</u>	TERRY BULLOCK	2302 W MALLORY STREET
X_Add			PENSACOLA, FL
Remove			32505
3) Change	S	TANGEE BLANKENSHIP	4602 GLADSTONE DR
X			PENSACOLA, FL
Remove			32514
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
N/A	
, <u>, , , , , , , , , , , , , , , , , , </u>	
- All Control of the	

	date of each amendmen		, if other than the
	date this document was signed. Effective date if applicable: 06/24/14		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Signature $\frac{06/}{}$	24/14 Dougle Blanc	
	(By the have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	TANGE	EE BLANKENSHIP	
		(Typed or printed name of person signing)	
	SECRE	TARY	
		(Title of person signing)	