## N1500001588

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUL 0 9 2015 T CANNON

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIDWAY MISSIONARY BAPTIST CHURC
DOCUMENT NUMBER: N1500001588
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHARLES W. LAFLEUR (Name of Contact Person)
MIDWAY MISSIONARY BAPTIST CHURCH (Firm/Company)
PO Box 404 (Address)
GROVE LAND, FL. 34736 (City/ State and Zip Code)
Midway bastchucch Adl. Com Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHARLES LV. LAFLEUR at 352 - 267-3747 (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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$252.50 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

Articles of Incorporation
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ion SECRETION OF

• •	of	TALLAHASSEE, FLORIDA
MIDWAU MICCIAN	ARY BAPTIST	
	as currently filed with the Floric	
	0000 1588	
	nent Number of Corporation (if kno	own)
·	•	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For</i>	Proju Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	•
<i>N</i>	//A	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	hia: N/A	
(Principal office address MUST BE A STREET A	DDRESS )	
C. Enter new mailing address, if applicable:	DA	Ray 1104
(Mailing address MAY BE A POST OFFICE )	$\underline{BOX}$ ) $\underline{\Gamma, \cup}$	BOX 404 LAND, FL.
	GROVE	LAND, FL.
		34736
D. If amending the registered agent and/or registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	CHARLES	W. LAFLEUR
	1825 Ruy	Khalter Rood
V . D 10	(Flo.	rida street address)
New Registered Office Address:	Carri	2/1721.
	GROVELAND	Florida 34736 (Zip Code)
	(City)	(zip code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:	ha phliagtions of the position
тиетеву ассері те арропитет из гедімегей адеп	a. Tum jummur winsum uccept.	general of the position.
	Maler	· _
<del>-</del>	Signature of New Registe	red 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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	SHIRLEY FENDER	16226 Douglas RD GROVELAND, FL 34736
2) Change Add Remove	T	DONETTA LAFLEUR	1825 BURKHALTERRA GEOURIANO, FL 34736
3 ) Change Add Remove	47	NICHOLE BOROWICZ	7014 SONGBIRD LN MASCOTTE, FL 34736
4) Change Add Remove			SECRETARY OF TALLIANASSE
5) Change Add Remove			F STATE F: ORIDA
6) Change Add Remove	<del>-11-11</del>		

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

NEW EIN	, # 47	- 43303	356		
LAFleur	CHARLES	FROMT	40	TR	
FANDER,	HENRY	From T	TO	TR	· · · · · · · · · · · · · · · · · · ·
Powell	DAW	FROM T	T0	TR	
					SECRE TARY TALLAH ASS 15 JUN 30
					HASSEE F
					STATE ORIDA 3: 36

The date of each amendment(s) add late this document was signed.	ption:	, if othe	er than the
Effective date <u>if applicable</u> :			
Mecuve date <u>n appneable</u> .	(no more than 90 days after amendment file date)		_
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed	as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)		
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.		
Dated <u>Jun</u>	IE 21, 2015		
Signature	K Com	_	
have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)		
<del></del>	CHARLES W. LAFTRUR		
	(Typed or printed name of person signing)		
	TRUSTEE (Title of person signing)		
	(Title of person signing)	<del>-</del>	AS
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