

N15000002595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

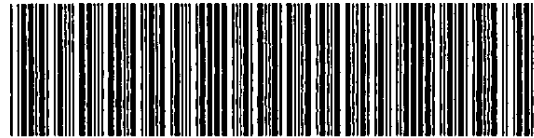
(Business Entity Name)

(Document Number)

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FILED
17 MAY 31 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JUN 14 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

SCOTT FITZGERALD
3800 WEST NEW HAVEN AVENUE
MELBOURNE, FL 32904

SUBJECT: BREVARD TRANSFORMATIONAL MINISTRY INC.
Ref. Number: N15000002595

We have received your document for BREVARD TRANSFORMATIONAL MINISTRY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 517A00008576

RECEIVED
17 MAY 31 PM 12:29
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Brevard Transformational Ministry Inc

DOCUMENT NUMBER: N15000002595

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

Please return all correspondence concerning this matter to the following:

Scott Fitzgerald

(Name of Contact Person)

InJoy Thrift Store

(Firm/ Company)

3800 West New Haven Avenue

(Address)

Melbourne, FL 32904

(City/ State and Zip Code)

tscottfitz@hotmail.com

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

For further information concerning this matter, please call:

Scott Fitzgerald

321

802-9651

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

pre-paid

see letter of 5/2/17

Ms. Mustain

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

Brevard Transformational Ministry Inc

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

N15000002595

(Document Number of Corporation (if known))

FILED
17 MAY 31 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

n/a

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**)

3800 West New Haven Avenue

Melbourne, FL 32904

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3800 West New Haven Avenue

Melbourne, FL 32904

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:

Scott Fitzgerald

3800 West New Haven Avenue

(Florida street address)

New Registered Office Address:

Melbourne

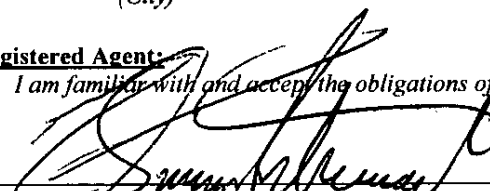
(City)

Florida 32904

(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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>C</u>	<u>Valentin Feliciano (Val)</u>	<u>141 Luxorwind Drive</u>
<u> x </u> Add			<u>Garner, NC 27529</u>
<u> </u> Remove			
2) <u> </u> Change	<u>S</u>	<u>Bernard Mark Dalton (Mark), Sec</u>	<u>1013 Broyhill Hall Court</u>
<u> x </u> Add			<u>Wake Forest, NC 27587</u>
<u> </u> Remove			
3) <u> </u> Change	<u>D</u>	<u>Charles Franklin Brown, Jr (Charlie)</u>	<u>5004 White Flag Way</u>
<u> x </u> Add			<u>Wake Forest, NC 27587-6705</u>
<u> </u> Remove			
4) <u> </u> Change	<u>C</u>	<u>Peter William Glavas (Pete)</u>	<u>527 Rockledge Drive</u>
<u> </u> Add			<u>Rockledge, FL 32955</u>
<u> x </u> Remove			
5) <u> </u> Change	<u>S</u>	<u>Virginia Whitley (Ginny)</u>	<u>2215 Rockledge Drive</u>
<u> </u> Add			<u>Rockledge, FL 32955</u>
<u> x </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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

In the Article II Purposes clause, change the 2nd and 3rd sentences to read:

All distributions from thrift operations will be given only to charities that submit current IRS Exemption letters showing that they have been determined by the IRS to be charitable organizations under the meaning of 501 (c) 3, and have been approved by the Board of Directors of Brevard Transformational Ministry Inc. If ever dissolved, the assets of BTMI would be distributed to 501(c) 3 designated organizations.

(This replaces the section that began "The founders foresee distributions...")

Also in Article II, Paragraph 3, enumeration #3 relating to distribution; excise entirely, the following sentence.

Two organizations, Brevard Rescue Mission, Inc. and DOOR International will share in the distributions equally.

Finally, change the principal address to: 3800 West New Haven, Melbourne, FL 32904.

April 24, 2017

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

April 24, 2017

Effective date if applicable: _____
(no more than 90 days after amendment file date)

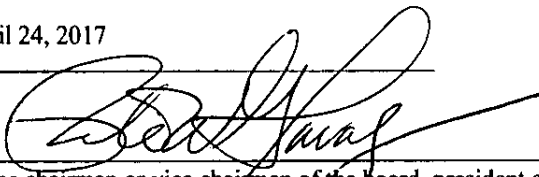
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 24, 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)

Pete W. Glavas

(Typed or printed name of person signing)

(Outgoing) Chairman of the Board

(Title of person signing)