

N15143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

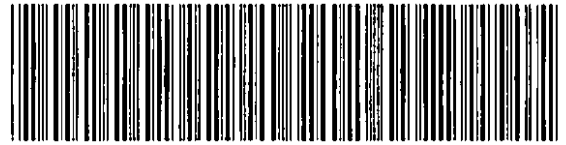
(Business Entity Name)

(Document Number)

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08/24/23 08:52 AM

08/24/23 SC

23 AUG 17 AM 5:52

To:



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2023

FROM:

ARMANDO B. YZAGUIRRE  
1411 LAKE TRAFFORD ROAD  
IMMOKALEE, FL 34142

RE:

SUBJECT: TRUSTEES OF FIRST BAPTIST CHURCH OF IMMOKALEE,  
FLORIDA  
Ref. Number: N15143

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

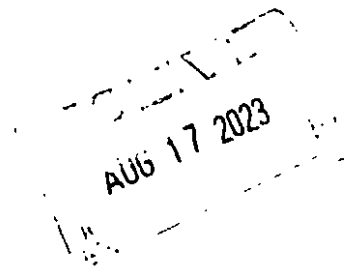
We are enclosing the proper form(s) with instructions for your convenience.

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.

Shaunteria Cobbs  
Regulatory Specialist II

Letter Number: 323A00017289



*ck was previously  
submitted*

©

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TRUSTEES OF FIRST BAPTIST CHURCH OF IMMOKALEE, FLORIDA

DOCUMENT NUMBER: N15143

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

Please return all correspondence concerning this matter to the following:

ARMANDO B. YZAGUIRRE

(Name of Contact Person)

TRUSTEES OF FIRST BAPTIST CHURCH OF IMMOKALEE, FLORIDA

(Firm/ Company)

1411 LAKE TRAFFORD ROAD

(Address)

IMMOKALEE, FL 34142

(City/ State and Zip Code)

AYZAGUIRRE@FELLOWSHIPCHURCH.CO

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

For further information concerning this matter, please call:

ARMANDO B. YZAGUIRRE

239

503-0303

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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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  
of

TRUSTEES OF FIRST BAPTIST CHURCH OF IMMOKALEE, FLORIDA

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

NI5143

(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:

NOT APPLICABLE

*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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NOT 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:

NOT APPLICABLE

(Florida street address)

New Registered Office Address:

NOT APPLICABLE

, Florida

(City)

(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*

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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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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 type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>MARGARET F. BETHEA</u>	<u>1411 LAKE TRAFFORD ROAD</u> <u>IMMOKALEE, FL 34142</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>BONNIE L. KEEN</u>	<u>1411 LAKE TRAFFORD ROAD</u> <u>IMMOKALEE, FL 34142</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>WILLIAM R. BETHEA</u>	<u>1411 LAKE TRAFFORD ROAD</u> <u>IMMOKALEE, FL 34142</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>TIMOTHY C. PIGG</u>	<u>1411 LAKE TRAFFORD ROAD</u> <u>IMMOKALEE, FL 34142</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>ARMANDO B. YZAGUIRRE</u>	<u>1411 LAKE TRAFFORD ROAD</u> <u>IMMOKALEE, FL 34142</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>MICAH MEFFEN</u>	<u>1411 LAKE TRAFFORD ROAD</u> <u>IMMOKALEE, FL 34142</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NOT APPLICABLE

The date of each amendment(s) adoption: 10/19/2022, if other than the date this document was signed.

Effective date if applicable: NOT APPLICABLE  
(no more than 90 days after amendment file date)

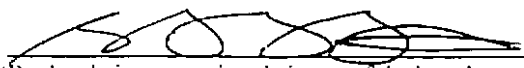
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08/14/2023 \_\_\_\_\_

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)

ARMANDO B. YZAGUIRRE  
\_\_\_\_\_  
(Typed or printed name of person signing)

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