

N16000004405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

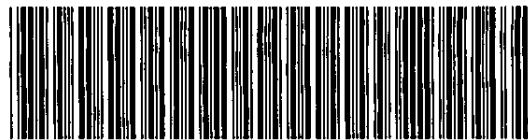
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN -9 P 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 14 2017
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Rock Calvary Chapel

DOCUMENT NUMBER: M16 00000 44105

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

Please return all correspondence concerning this matter to the following:

Pastor Aaron Smith

(Name of Contact Person)

The Rock Calvary Chapel

(Firm/ Company)

4827 Fairway Drive North

(Address)

Punta Gorda, Florida 33982

(City/ State and Zip Code)

Aaron.therockcc@gmail.com

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

For further information concerning this matter, please call:

Pastor Aaron Smith

(Name of Contact Person)

at 941-914-8229

(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)

See Cover
Letter

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

May 25, 2017

AARON SMITH
4827 FAIRWAY DR N
PUNTA GORDA, FL 33982

SUBJECT: THE ROCK CALVARY CHAPEL, INC.
Ref. Number: N16000004405

We have received your document for THE ROCK CALVARY CHAPEL, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profitcorporation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 417A00010628

RECEIVED

17 JUN -9 PM 1:33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PUNTA GORDA, FL 33982

The Rock Calvary Chapel, Inc.
(of Corporation as currently filed with the Florida Dept. of State)

N16000004405

THIRD

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change | <u>T</u> | <u>Aubrey Chase</u> | <u>7233 North Blue Sage</u> |
| <input type="checkbox"/> Add | | | <u>Punta Gorda, FL</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>33982 33955</u> |
| 2) <input type="checkbox"/> Change | <u>T</u> | <u>Philomena Mills</u> | <u>715 Indian Creek Ln</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Punta Gorda, FL</u> |
| <input type="checkbox"/> Remove | | | <u>33982</u> |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |

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

The date of each amendment(s) adoption: 5/16/17, if other than the date this document was signed.

Effective date if applicable: 5/17/17
(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 6/6/17

Signature [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)

Aaron Smith
(Typed or printed name of person signing)

President / Pastor
(Title of person signing)