## N16480

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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Greate	r St. James Missionary Baptist Church, Inc.
DOCUMENT NUMBER: N16480	)
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Linda Carithers	
	(Name of Contact Person)
Greater St. James N	Missionary Baptist Church, Inc.
,	(Firm/ Company)
905 North 24th Street	et
	(Address)
Fort Pierce, FL 349	50
ė	(City/ State and Zip Code)
lcarithers@g	si-church.ora
	o be used for future annual report notification)
For further information concerning this matter	er, please call:
Linda Carithers	at (772 ) 461-3562 (Area Code & Daytime Telephone Number)
(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 Filin Certificate o	g Fee & 🗆\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  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**

(Zip Code)

FILED

		of		am 11: 42
Greater St. James Missi	onary Baptis	st Church, Inc.	2013 FEB 1 1	H1111
(Name of Corporation as current	ly filed with the Flo	orida Dept. of State)	me 1 维 (1 数)	OF STATE
N16480			TALL AHASS	EL. I Co.
(Documer	nt Number of Corpor	ation (if known)	19	<del></del>
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For P</i>	rofit Corporation ad	opts the following
A. If amending name, enter the new na	me of the corporat	ion:		
N/A				The new
name must be distinguishable and contair "Company" or "Co," may not be used in		tion" or "incorporated" o	or the abbreviation "	
B. Enter new principal office address,		N/A		
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS	)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (		N/A		
		•	•	<del> </del>
D. If amending the registered agent an new registered agent and/or the new			er the name of the	
Name of New Registered Agent:	Linda Caritl	ners		
	905 North 2	24th St.		
New Pagistanad Office Address:	· · · · · · · · · · · · · · · · · · ·	(Florida street address)		
New Registered Office Address:	Fort Pierce		_, Florida <u>3495</u> (	
			_, riorida	

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.

(City)

Hinda Carithers
Signature of New Registered Agent, if changing

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 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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Fred Williams	2050 Oleander Blvd
Add			#11-104
X Remove			Fort Pierce, FL 34950
2) Change	D	Connie Williams	2050 Oleander Bivd
Add			#11-104
X Remove			Fort Pierce, FL 34950
3) Change			
Add			THAT THE ATTENDED TO THE ATTEN
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Characa			
O) Change		1 10 W.	
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)	
N/A		
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The date of each amendmen	t(s) adoption: January 0, 2013
Effective date <u>if applicable</u> :	February 1, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere 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 a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dateu	auary 24,2013
(By the	e 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)
	Paul Roberts
	(Typed or printed name of person signing)
	Chairman of the Board
<del>*************************************</del>	(Title of person signing)