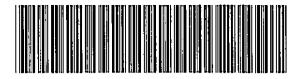
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Amend

NOV 0 5 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ISSIONARY BARPTI	ST CHURCH,	INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
JAMES LEVERETT			
	(Name of Contact P	erson)	
	(Firm/ Compan	y)	
2090 GREENTREE CT			
	(Address)		
BARTOW FLORIDA 33830			
	(City/ State and Zip	Code)	
mtcalv101@gmail.com			
E-mail address: (to be u	sed for future annual re	port notification	1)
For further information concerning this matter, plea	se call:		
JAMES LEVERETT	at	863	286-6926
(Name of Contact Pers	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Fiting Fee		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Aı Di	reet Address mendment Sect vision of Corpo ifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articl	es of Incorporation of		2 ~
MT CALVARY MISSIONARY BAPTIST CHURCH		30	
(Name of Corporation as curre		Dept. of State)	
N18000009403			
(Document Num	nber of Corporation (if know	vn)	7.
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For P</i>	rofit Corporation adopts the	following of
A. If amending name, enter the new name of the corpora	ntion:		₩
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ration" or "incorporated" o	or the abbreviation "Corp." c	"The new or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Σ)	14	
C. Enter new mailing address, if applicable:	404 W. F.W. F.D. O.T.		
(Mailing address MAY BE A POST OFFICE BOX)	101 W. FULLER ST		
	DAVENPORT FLORIG)A	
	33837		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, en address:	ter the name of the	
Name of New Registered Agent:	N	#=	
New Registered Office Address:	(Floria	la street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		obligations of the position,	
	Signature of New Registere	ed 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D,TR	JAMES LEVERETT	2090 GREENTREE CT
X Add			BARTOW FLORIDA
Remove			33830
2) Change	TR	FANNIE M JONES	1205 VALENCIA
X Add			HAINES CITY, FLORIDA
Remove			33844
3) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	M/A
11235000 1120 1120 1120 1120 1120 1120 1120	

10/21/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10/21/2018	
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 document's effective date on the Department of State's records.	be listed as the
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.	
10/22/2018	
Dated	
B. of	
Signature Mathy - De	
(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)	
outer court appointed materially by that materially,	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Tresident	
(Title of person signing)	