

N19000004315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

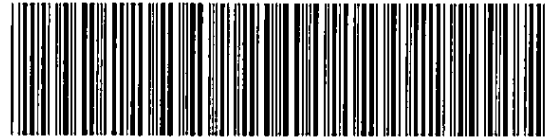
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AUG 26 2019

19 AUG 12 PM 1:02

Award
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2019 AUG 26 PM 12:21
CLERK OF STATE
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2019

DENNIS NICHOLS
AVON PARK CONGREGATION OF JEHOVAH'S WITN
5500 RAULERSON ROAD
FT. MEADE, FL 33841

SUBJECT: AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC.
Ref. Number: N19000004315

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00016550

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC., Avon Park, Florida

DOCUMENT NUMBER: N19000004315

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

Please return all correspondence concerning this matter to the following:

DENNIS NICHOLS
(Name of Contact Person)

AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC. [Avon Park, Florida]
(Firm/ Company)

5500 RAULERSON ROAD
(Address)

FT. MEADE, FL 33841-9303
(City/ State and Zip Code)

DEERMAN6040@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS NICHOLS at 863 414-2796
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dec. 8/26/2019

Articles of Amendment
to
Articles of Incorporation
of

AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC., Avon Park, Florida

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

N19000004315

(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:

AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC.

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**)

N/A

C. Enter new mailing address, if applicable:

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

N/A

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: N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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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FLORIDA

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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			_____

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

Document N19000004315 filed on April 25, 2019 contains a scrivener's error. Note the city (Avon Park) and state (Florida)
appear immediatly following the Corporation name in the title and in Article 1.

Title reads:"STATE of FLORIDA NOT FOR PROFIT CORPORATION ARTICLES OF INCORPORATION
AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC., Avon Park, Florida"

Article 1 reads:"The name of this corporation is Avon Park Congregation of Jehovah's Witnesses, Inc., Avon Park, Florida.

The principle place of business and mailing address of the Corporation is 4949 Avon Park Cut Off Rd S, Avon Park, Florida
33825."

Title should read:"STATE of FLORIDA NOT FOR PROFIT CORPORATION ARTICLES OF INCORPORATION
AVON PARK CONGREGATION OF JEHOVAH'S WITNESSES, INC."

Article 1 should read:"The name of this corporation is Avon Park Congregation of Jehovah's Witnesses, Inc. The principle
place of business and mailing address of the Corporation is 4949 Avon Park Cut Off Rd S, Avon Park, Florida 33825."

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

Effective date if applicable: 8/25/2019
(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 8/25/2019

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)

DENNIS NICHOLS
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)