

N21000000 2774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

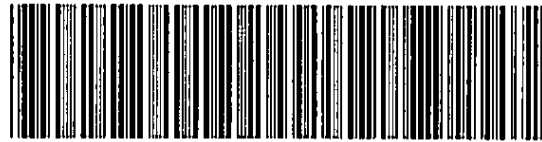
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500366338945

*Amend*

05/17/21--01044--010 \*\*43.75

SECRETARY OF STATE  
ALL AMENDMENTS FILED

2021 JUL 12 AM 9:57

FILED

JUL 13 2021

A RAMSEY

X 00789, 00524, 00671



RECEIVED

2021 JUL 12 PM 1:42

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TALLAHASSEE

June 29, 2021

CHARLES LEGROS  
BETHEL FELLOWSHIP COMMUNITY CHURCH  
1221 SUMMIT PLACE CIRCEL, APT A  
WEST PALM BEACH, FL 33415

SUBJECT: BETHEL FELLOWSHIP COMMUNITY CHURCH INC  
Ref. Number: N21000002774

We have received your document for BETHEL FELLOWSHIP COMMUNITY CHURCH 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):

Your document is incomplete. The first page of the amendment form is missing. I have enclosed a blank first page for you to fill out and return to us.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 721A00014816

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Bethel Fellowship Community Church

DOCUMENT NUMBER: N21000002774

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

Please return all correspondence concerning this matter to the following:

Charles Legros

(Name of Contact Person)

Church

(Firm/ Company)

1221 Summit Place Circle Apt A

(Address)

West Palm Beach, FL 33415

(City/ State and Zip Code)

Charles.Legros@yahoo.com

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

For further information concerning this matter, please call:

Charles Legros

(Name of Contact Person)

at 754-332-6159

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Bethel Fellowship Community CHURCH INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

N21000002774

(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:

N/A

*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)

3951 N. Haverhill Rd  
Suite 118  
West Palm Beach, FL 33417

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1221 Summit Pl. Cir Apt A  
West Palm Beach, FL 33415

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*

FILED  
2007 JUL 26 AM 9:57  
CLERK OF CIRCUIT COURT  
STATE OF 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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change  
☒ Add

☐ Remove

President Etude Legros

1221 Summit Pl Cir  
APT A

WPB, FL 33415

2) ☒ Change  
☐ Add

Vice President Charles Legros

1221 Summit Pl Cir.  
APT A

WPB, FL 33415

3) ☐ Remove  
☒ Change  
☐ Add  
☐ Remove

Secretary Dorleans Rosette

4235 Lucerne Villas Ln

Lake Worth, FL 33467

4) ☒ Change  
☐ Add

Treasurer Jean Baptiste Placide

5513 Montefino Ct  
Green Acres, FL 33643

☐ Remove

5) ☐ Change  
☐ Add

☐ Remove

6) ☐ Change  
☐ Add

☐ Remove

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

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

Lined area for text entry.

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

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 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 05/11/2021

Signature Charles Legros  
(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)

Charles Legros  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)