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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	OF THE ROMAN CATI	HOLIC MISSIC	ON DIOCESE OF MO	ONTEGO BAY, INC
DOCUMENT NUMBER:	·			
The enclosed Articles of Amendment and fee	are submitted for filing			
Please return all correspondence concerning t	his matter to the followi	ng:		
Timothy J. Sloan, Esq.				
	(Name of Cont	act Person)		
Timothy J. Sloan, P.A.				
	(Firm/ Cor	npany)	•	
427 McKenzie Avenue				
	(Addre	ess)		
Panama City, FL 32401				
	(City/ State and	I Zip Code)	_	<u> </u>
gpbaptiste@comcast.net				
E-mail address: (to	be used for future annu	ial report notifi	cation)	
For further information concerning this matte	r, please call:			
Timothy J. Sloan, Esq		850 at	769-2501	
(Name of Contac	t Person)	(Area Co	ode) (Daytime Tele	phone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Departme	nt of State:	
□ \$35 Filing Fee ■S43.75 Filing Certificate of		py (copy is (S52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FRIENDS OF THE ROMAN CATHOLIC MISSION DIOCESE OF MONTEGO BAY, INC.

(Name of Corporation as currently filed with the Florid	da Dept. of State)
N21000009202	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
name must be distinguishable and contain the word "corp. "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	(35)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 1665
	Wildwood, FL 34785-1665
D. If amending the registered agent and/or registered new registered agent and/or the new registered office	
Name of New Registered Agent:	
<u>мате ој неш кедметеа ядет.</u>	
New Registered Office Address:	(Florida street address)
	, Florida
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent
I hereby accept the appointment as registered agent. I an	
-	
	Signature of New Registered 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	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	PD	Reverend Glen P. Baptiste	6287 Siverson The Villages, FL 32163
Remove 2) X Change Add	VD	Reverend John B. Maison	2950 N. Harbour City Blvd Melbourne, FL 32935
Remove	TSD	Frederick J. Rosenthal	5524 Brittany Terrace The Villages, FL 32163
4) Change Add	D	Bishop John Derek Persaud	1 Fort Street PO Box 197 St. James, WI JM
Remove 5) × Change Add	D	Bishop Emeritus Burchell McPherson	1 Fort Street PO Box 197 St. James, WI JM
Remove 6) Change Add			
E. If amending or additional sh		rticles, enter change(s) here: (Be specific)	
N/A			100 CONTRACTOR OF THE PROPERTY
			10 10 10 10 10 10 10 10 10 10 10 10 10 1
			CONTROL OF THE STATE OF THE STA

		
		
		
		
		
		
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The date of each amendment(s) ado date this document was signed.	ption:	, it outer than the
	ć.	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will	not be lined as the
Adoption of Amendment(s)	(CHECK ONE)	3
	opted by the members and the number of votes east for the amendment(sp	PH 3:15

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 June 22, 2024
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)
Glen P. Baptiste
(Typed or printed name of person signing)
President
(Title of person signing)

