# N30248

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | ocument Number)   |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



600263955786

09/09/14--01003--016 \*\*35.00

14 SEP -9 PH 28 50

A SU I

9.10.14

### **COVER LETTER**

Division of Corporations Greater Bethel Missionary Baptist Church, Inc. NAME OF CORPORATION: N30248 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gwendolyn Myers (Name of Contact Person) Greater Bethel Missionary Baptist Church, Inc. (Firm/ Company) P.O. Box 172784 (Address) Tampa, Florida 33672 (City/ State and Zip Code) greaterbethel61@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gwendolyn Myers (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

# **Mailing Address**

TO: Amendment Section

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 to Articles of Incorporation of

| Greater | Bethel | Missionary | <b>Baptist</b> | Church, | Inc |
|---------|--------|------------|----------------|---------|-----|
|---------|--------|------------|----------------|---------|-----|

(Name of Corporation as currently filed with the Florida Dept. of State) N30248 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) F 1974, 11 / 45 / 146 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: Jimmy Coleman Name of New Registered Agent: 17 Wydella Street (Florida street address) New Registered Office Address: Riverview (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with copt the obligations of the position. mmmu nature of New Aggistered 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.

| Example: X Change X Remove X Add | <u>V</u> <u>Mi</u> | <u>nn Doe</u><br>ike Jones<br>Ily Smith |                          |
|----------------------------------|--------------------|---|--------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>       | Name                                    | <u>Addres</u> s          |
| 1) Change                        | TR                 | Ray Favors                              | 124 Falling Waters Drive |
| Add                              |                    |   | Brandon, FI 33511        |
| X Remove                         |                    |   |                          |
| 2) Change                        |                    |   |                          |
| Add                              |                    |   |                          |
| Remove                           |                    |   |                          |
| 3) Change                        |                    |   |                          |
| Add                              |                    |   |                          |
| Remove                           |                    |   |                          |
| 4) Change                        |                    |   |                          |
| Add                              |                    |   |                          |
| Remove                           |                    |   |                          |
| 5) Change                        |                    |   |                          |
| Add                              |                    |   |                          |
| Remove                           |                    |   |                          |
| 6) Change                        |                    |   |                          |
| Add                              |                    |   |                          |
| Remove                           |                    |   |                          |

| f amending or adding addition<br>attach additional sheets, if neces  | essary). (Be specifi | e) |       |  |
|--|----------------------|----|-------|--|
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
| <del></del>  |                      |    |       |  |
|  |                      |    |       |  |
|  | <del></del>          |    | • • • |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
| -  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
| The state of the s |                      |    |       |  |
|  |                      |    |       |  |
|  |                      |    |       |  |
| ·  | <del></del>          |    |       |  |
|  |                      |    |       |  |
|  |                      | ·  |       |  |
|  |                      |    |       |  |

| date this document was signed.                                 | option:   | , ii other than the |
|--|---|---------------------|
| Effective date if applicable:                                  |   |                     |
| in apprendix.  | (no more than 90 days after amendment file date)  | <del></del>         |
| Adoption of Amendment(s)                                       | ( <u>CHECK ONE</u> )  |                     |
| ☐ The amendment(s) was/were ad was/were sufficient for approva | lopted by the members and the number of votes cast for the amendment(s) l.  |                     |
| There are no members or membadopted by the board of director   | pers entitled to vote on the amendment(s). The amendment(s) was/were ors.   |                     |
| Dated Sale   | Konber 2, 2014  |                     |
| Signature  | Undolp W. 11 Was  | <u> </u>            |
| have not bed   | man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or |                     |
| other court a  | appointed fiduciary by that fiduciary)  |                     |
| <u> </u>   | dolun W. Myers  |                     |
| Chair  | (Typed or printed name of person signing)   |                     |
| $(\Lambda)(a_1)$   | (Title of person signing)   |                     |