

N33976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

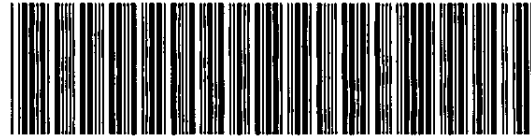
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500252241505

10/21/13--01046--007 **105.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 DEC 10 PM 12:00

Amend

DEC 10 2013
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2013

LEILA HESTER
HOWARD CREEK BAPTIST CHURCH
7230 DOC WHITFIELD ROAD
WEWAHITCHKA, FL 32465 US

SUBJECT: HOWARD CREEK BAPTIST CHURCH, INCORPORATED, OF
HOWARDS CREEK, FLORIDA
Ref. Number: N33976

We have received your document for HOWARD CREEK BAPTIST CHURCH, INCORPORATED, OF HOWARDS CREEK, FLORIDA and check(s) totaling \$105.00 of which \$35.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 813A00025050

RECEIVED
13 DEC 10 AM 8:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1 RETURNED
FROM ATTACHED
TO THIS
OFFICE.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOWARD CREEK BAPTIST CHURCH, INCORPORATED, of HOWARD CREEK,
FLORIDA

DOCUMENT NUMBER: N33976

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

Please return all correspondence concerning this matter to the following:

LELIA HESTER

(Name of Contact Person)

HOWARD CREEK BAPTIST CHURCH

(Firm/ Company)

7230 Doc WHITFIELD Rd.

(Address)

WEWAHITCHKA, FL 32465

(City/ State and Zip Code)

hlhester@hotmail.com

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

For further information concerning this matter, please call:

LELIA HESTER

(Name of Contact Person)

at (850) 227-6620

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee
SEE ATTACHED
LETTER

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

Howard Creek Baptist Church, Incorporated, of Howard Creek, Florida
(Name of Corporation as currently filed with the Florida Dept. of State)

0339716

(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)

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:

JAMES MAYHANN

1151 CALF BARN ROAD

(Florida street address)

New Registered Office Address:

WENAHITCHKA

(City)

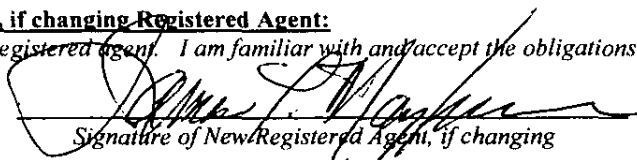
Florida

32465

(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 DEC 10 PM 12:00

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) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>WILLIAM P. ADAMS</u>	<u>271 SOUTH KIM AVE.</u> <u>WEWAHITCHKA, FL</u> <u>32465</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>CAROLE HAMM</u>	<u>292 SOUTH TURKEY AVE.</u> <u>WEWAHITCHKA, FL</u> <u>32465</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>MELVIN WARD</u>	<u>6901 BLOSSOM HILL RD.</u> <u>WEWAHITCHKA, FL</u> <u>32465</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>WILLIAM LAWSON</u>	<u>7876 PUM STREET</u> <u>WEWAHITCHKA, FL</u> <u>32465</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>ELIZABETH HUGHES</u>	<u>234 LOUISE AVE.</u> <u>WEWAHITCHKA, FL</u> <u>32465</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>JAMES T. MAYHANN</u>	<u>1151 CALF BURN RD.</u> <u>WEWAHITCHKA, FL</u> <u>32465</u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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)

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 12-5-13

Signature Carol Hamm CAROL

(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)

CAROLE HAMM

(Typed or printed name of person signing)

TRUSTEE

(Title of person signing)