N38940

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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION: Wellborn	Baptist Chu	urch, Inc.
DOCUMENT NUMBER: N38940		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Lynn Causey	-	
	(Name of Contact Person	n)
Wellborn Baptist Church		
	(Firm/ Company)	
PO Box 228		
	(Address)	
Wellborn, FL 32094		
	(City/ State and Zip Cod	e)
secretary@wellbo	ornbaptist.co	om
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Lynn Causey	_{at (} 386	755-5127
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	urtment of State:
■ \$35 Filing Fee \$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Wellborn Baptist Church,		ر بين پاښتان
(Name of Corporation as currently	filed with the Florida Dept. of State)	
N38940		
(Docun	nent Number of Corporation (if known)	<u>က်</u>
Durguant to the provisions of section 617.10	06, Florida Statutes, this Florida Not For I	Profit Corneration adopts the follow
mendment(s) to its Articles of Incorporation		roju Corporation adopts the folid
16 P	6.1	
. If amending name, enter the new nam	e of the corporation:	
***************************************		The
ame must be distinguishable and contain to Company" or "Co." may not be used in th	he word "corporation" or "incorporated"	or the abbreviation "Corp." or "In
		
B. Enter new principal office address, if a Principal office address MUST BE A STR		
-rincipal office address MOST BE A STR	EEI ADDRESS)	
		
Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
		
	or registered office address in Florida, er	iter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:	4	**************************************
-	(Florida street address)	
New Registered Office Address:		
_		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if cha hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with and accept th	e obligations of the position.
	Signature of New Registered Agent, if chan	nging

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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Karen Warner	6266 175th Rd.
Add			Live Oak
X Remove			Florida, 32060
2) Change	T	Linda K. Causey	785 NW Zack Dr.
X Add		· · · · · · · · · · · · · · · · · · ·	Lake City
Remove			Florida, 32055
3)Change			
Add	**************************************		
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

If amending or adding additional sheets, if no	ecessary). (Be spe	cific)		
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The date of each amendment(s) adoption:ate this document was signed.	, if other than the
Effective date <u>if applicable</u> : (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 10-27-14	
Signature La Cauvid	
(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)	
LINDA K Causey	
(Typed or printed name of person signing)	
(Title of person signing)	