N39867

(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
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09/12/12--01005--024 **35.00

SEGRETARY OF STATE OF CORPORATION:

Amend

SEP 1 7 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

DEBARY CONGREGATION OF JEHOV	/AH'S WITNESSESA NONPROFIT CORPORATION	
N39867		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DAVID STRONG		
(Name of Cont	tact Person)	
QUALITY FINANCIAL SERVIC	ES INC.	
(Firm/ Co	mpany)	
209 DUNLAWTON AVENUE, S	STE 14	
(Addre	ess)	
PORT ORANGE, FLORIDA 32	127	
(City/ State and	d Zip Code)	
david.qfsinc@gmail.com		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter, please call:		
DAVID STRONG	386 761-7855 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:	
Sas Filing Fee Sas Filing Fee Sas Satus Sertificate of Status Sertified Control (Additional of enclosed)	py Certificate of Status	
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



DEBARY CONGREGATION OF JEHOVAH'S WITNE	SS A NONPROFIT CORPORATION
(Name of Corporation as currently filed with the F N39867	lorida Dept. of State)
(Document Number of Corp.	oration (if known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
N/A	The new
name must be distinguishable and contain the word "corport" "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRES.</u>	(2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	
·	
Signature of New Reg	gistered 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>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	DRAVES, BRIAN	86 DOGWOOD TRAIL
Add X Remove			DEBARY, FL 32713
2) Change	D	MARTINEZ, JAVIER	316 BONITA ROAD
X Add			DEBARY, FLORIDA 32713
Remove			
3) Change			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption: AUGUST 30, 2012
Effective date if applicable: AUGUST 30, 2012
(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 9/4/62
Signature
ALTON MCJUNKIN
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)