

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
(Document Number)
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Special Instructions to Filing Officer:





11/24/10--01018--017 **35.00







COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Central</u>	Church of Christ of Lake Ci
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Frank White	ontact Person)
(· ··································	······································
(Firm/ C	Company)
525 SW KIrbu	dress)
Lake City FL J (City/State	32024 and Zip Code)
Fwhite 1210@ 4. E-mail address: (to be used)	a hoo, com or future annual report notification)
For further information concerning this matter, please of	all:
Frank White (Name of Contact Person)	at (386) 155 - 6512 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
\$35 Filing Fee \$\square\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee 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

Central Church of Christ	a Claka Citi tic
(Name of Corporation as currently filed wi	
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 617.1006, Florida Statuthe following amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corpora	
New Horizon Church of Cl	hrist of Lake City Inc
The new name must be distinguishable and contain the we abbreviation "Corp." or "Inc." "Company" or "Co." may	ord "corporation" or "incorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	DAROY (1/2
	P.O.BOX 962 Lake City FL 32056-0962
	Lake City FL 32056-0462
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address: (F	ilorida street address)
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I apposition.	
Signature of N	Jew Registered Agent, if changing

Page 1 of 3

<u>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:</u>

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
		······································	Damara
E. If amen	nding or adding additional Articadditional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
			A. 1919.
		and the second of the second o	
			
	19,90		
	10.00 0 0 00.00 00.00 00.00		

The date of each amendment(s) a	adoption:
	(date of adoption is required)
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 ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	11/21/10 John Jal
(By the have no	chairman or vice chairman of the board, president or other officer-if directors it been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	John L Cole
	(Typed or printed name of person signing)
_	VICE CHAIRMAN
	(Title of person signing)

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