

N 46456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

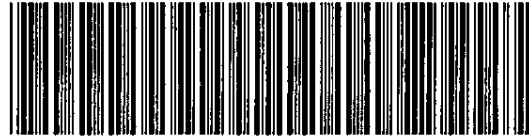
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600225146366

03/22/12--01021--009 **43.75

FILED
12 APR -4 AM 11:18

Amend.

4/5/12

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2012

EMMANUEL DORSAINVIL
REDEEMER BAPTIST CHURCH, INC.
P. O. BOX 495246
PT. CHARLOTTE, FL 33949

SUBJECT: REDEEMER BAPTIST CHURCH, INC.
Ref. Number: N46456

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 212A00010324

RECEIVED

12 APR -4 AM 1:40

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: REDEEMER BAPTIST CHURCH, INC.

DOCUMENT NUMBER: N46456

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

Please return all correspondence concerning this matter to the following:

EMMANUEL DORSAINVIL

(Name of Contact Person)

REDEEMER BAPTIST CHURCH, INC.

(Firm/ Company)

P.O. Box 495246

(Address)

Port Charlotte, FL 33949

(City/ State and Zip Code)

edorsainvil@comcast.net

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

For further information concerning this matter, please call:

Emmanuel Dorsainvil at (954) 684-9056

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

REDEEMER BAPTIST CHURCH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N46456

(Document Number of Corporation (if known))

FILED
12 APR - 4 AM 11:18
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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: EMMANUEL DORSAINYIL

23187 Adela Ave

(Florida street address)

New Registered Office Address:

Port Charlotte

(City)

Florida 33952
(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

(Attach additional sheets, if necessary)

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.

Example:

Address

6) ☐ Change T ANTOINE, PAUL 23127 Donald Ave
☒ Add Port Charlotte, FL 33954
☐ Remove

[illegible]

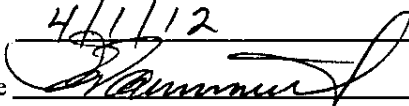
The date of each amendment(s) adoption: 3/17/12

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 4/11/12

Signature 
(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)

EMMANUEL DORSAINVILLE
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)