N47023

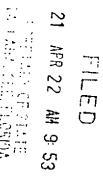
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	The First Baptist Cl	nurch, Incoporated, of	DeFuniak Spr	ings, Florida	
DOCUMENT NUMBER:	N47023				
The enclosed Articles of A		omitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
Jack E Owen					
		(Name of Contact Po	erson)		
First Baptist Church of Del	Funiak Springs				
		(Firm/ Company	y)		
215 E Live Oak Ave.					
		(Address)			
DeFuniak Springs, Florida	32435				
		(City/ State and Zip	Code)		
churchoffice@fbcdfs.org					
	E-mail address: (to be use	d for future annual rep	oort notificatio	n)	
For further information con	cerning this matter, please	e call:			
Jack E Owen		at	850	892-2722	
	(Name of Contact Person			(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing A	Address	Str	reet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The FirstBaptist Church, Incoporated, of DeFuniak Springs, Florida

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
N47023	
(Document S	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	The new rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
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 new registered agent and/or the new registered of	
Name of New Registered Agent:	N/A 2
<u>.New Registered Office Address</u> :	(Florida street address) 22 Florida 🕿 D
New Registered Agent's Signature, if changing Regist	(City) (Zip Code) (Q
	am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

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 A_Add	<u>V</u> <u>Mike</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	TR	Bob Cummings	829 W Nelson Ave. DeFuniak Springs, Florida 32433
x Remove			
2) Change Add	TR	Harold Carpenter	18 Oak Tree Lane Freeport, Florida 32439
X Remove Remove	TR	Don Harrison	1300 Hfil Street DeFuniak Springs, Florida 32435
4) Change Add	TR	Martha Ingle	96 Country Manor Road DeFuniak Springs, Florida 32433
* Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (astach additional she		rticles, enter change(s) here: . (Be specific)	
	N/p		
<u> </u>			

Effective date if applicable: 4-15-21 (no more than 90 days after amendment file date)		
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The amendment(s) was/were adopted by the members and the number of votes ages for the amendment(s)	Adoption of Amendment(s) (CHECK ONE)	
	The amondment(s) was/ware adopted by the members and the much as of content and the amondment (s)	

Dated	4-15-21
Signatur	Mores Cossill
-	(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)
	James Coffield
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were