

N 9400002530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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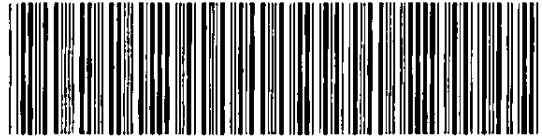
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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43

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. John Progressive Missionary Baptist Church, Inc.

DOCUMENT NUMBER: N94000002530

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

Please return all correspondence concerning this matter to the following:

P.O. 75194, Tampa, FL 33605

(Name of Contact Person)

Elaine Maxwell

(Firm/ Company)

St. John Progressive Missionary Baptist Church, Inc.

(Address)

2504 E. Chipco Ave., Tampa FL 33605

(City/ State and Zip Code)

secretary@sjpmbc.org

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

For further information concerning this matter, please call:

Elaine Maxwell, Administrative Assistant

813

247-2345 ext 1

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Best Zone
Signature of New Registered User

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>
	<u>X</u>	

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>McNeal, Dellatorro</u>	<u>18419 Timberlan Dr</u> <u>Lutz, FL 33549</u>
<input type="checkbox"/> Remove		<u>McNeal, Delatorro</u>	
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Kinsev, Samuel</u>	<u>4610 Ashland Dr.</u> <u>Tampa, FL 33610</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Dorsev, Larue</u>	<u>8423 Greenwood Ave</u> <u>Tampa, FL 33617</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Burnett, Jonathan</u>	<u>2012 Shadow Pine Drive</u> <u>Brandon, FL 33511</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Betty Love</u>	<u>7129 N 50th Street</u> <u>Tampa, FL 33617</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Forde, William < Sr</u>	<u>4205 E. Idlewild Ave.</u> <u>Tampa, FL 33610</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

■ 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 8-21-2024

Signature Bartholomew Banks

(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)

Bartholomew Banks, Sr

(Typed or printed name of person signing)

President

(Title of person signing)