

N94000004156

(Requestor's Name)

(Address)

(Address)

ORANGE LAKE CHRISTIAN CENTER
PO PAUL WILLIAMS
530 MADEIRA DRIVE
ORANGE PARK FL 32073

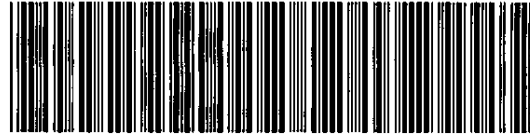
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/13/10--01012--017 **35.00

10 OCT - 7 AM 11:03

FILED

Amend.
10-8-10
Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2010

ORANGE PARK CHRISTIAN CENTER, INC.
C/O PAUL WILLIAMS
530 MADEIRA DR.
ORANGE PARK, FL 32073

SUBJECT: ORANGE PARK CHRISTIAN CENTER, INC.
Ref. Number: N94000004156

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

IF YOU ARE AMENDING THE CORPORATION ORANGE PARK CHRISTIAN CENTER, INC., DOCUMENT NUMBER N94000004156, PLEASE COMPLETE THE ATTACHED AMENDMENT FORM LISTING ANY CHANGES BEING MADE TO THE ORIGINAL ARTICLES OF INCORPORATION AS WE ARE UNABLE TO FILE ANOTHER SET OF ARTICLES OF INCORPORATION.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 810A00022013

RECEIVED
10 OCT - 7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Covenant Ministries of Orange Park, Inc.

DOCUMENT NUMBER: N94000004156

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

Please return all correspondence concerning this matter to the following:

Paul Williams

(Name of Contact Person)

Orange Park Christian Center, Inc.

(Firm/ Company)

530 Madeira Drive

(Address)

Orange Park, Florida 32073

(City/ State and Zip Code)

pwilliams345@gmail.com

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

For further information concerning this matter, please call:

Paul Williams

(Name of Contact Person)

at (904) 616-9271

(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
Orange Park Christian Center, Inc.

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

N94000004156

(Document Number of Corporation (if known))

FILED
OCT - 7 AM 11:02
CLERK OF 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:

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:
(Principal office address MUST BE A STREET ADDRESS)

530 Madeira Drive

Orange Park, Florida 32073

C. Enter new mailing address, if applicable:
(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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>TVST</u>	<u>Johnson, Veronica D.</u>	<u>530 Madeira Drive</u> <u>Orange Park, FL 32073</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TVST</u>	<u>Williams, Paul</u>	<u>12366 Amanda Cove Trail</u> <u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____

10-04-10

(date of adoption is required)

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 10/04/2010

Signature

Paul Williams

(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)

Paul Williams

(Typed or printed name of person signing)

TVST

(Title of person signing)