

From: Roman, Albano
12/27/13

Fax: 813-443-7099

To:

Fax: +1 (850) 617-6380

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax: Number : (850) 617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813) 932-5244

Fax: Number : (813) 932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

13 DEC 27 PM 3:11

CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OR AMND/RESTATE/CORRECT OR O/D RESIGN
FIRST BAPTIST CHURCH OF NEW TAMPA,
FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

FILED
13 DEC 27 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FIRST BAPTIST CHURCH OF NEW TAMPA, FLORIDA, INC.

DOCUMENT NUMBER: N96000000350

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

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

(Name of Contact Person)

CONTRACTORS REPORTING SERVICE, INC

(Firm/ Company)

13795 N NEBRASKA AVE

(Address)

TAMPA, FL 33613

(City/ State and Zip Code)

ROMAN@ACTIVATEMYLICENSE.COM

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

For further information concerning this matter, please call.

ROMAN ALBANO

(Name of Contact Person)

at (813) 932-5244

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

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FIRST BAPTIST CHURCH OF NEW TAMPA, FLORIDA, INC.

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

N9600000350

(Document Number of Corporation (if known))

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)

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:

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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

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

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	D/P	JEFFREY S SULLIVAN	19168 Lake Audubon Dr
<input type="checkbox"/> Add			Tampa, FL 33647
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	D/T	ROMAN ALBANO	2513 Rustic Oaks Dr
<input type="checkbox"/> Add			Lutz, FL 33558
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	D/S	RANDALL JOHNS	13413 Godins Lane
<input type="checkbox"/> Add			Dover, FL 33527
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	DVP	MIKE GRAMMAN	4023 Langdrum Drive
<input type="checkbox"/> Add			Wesley Chapel, FL 33543
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	DVP	JULIE FLATT	9409 ALANBROOKE ST.
<input type="checkbox"/> Add			TAMPA, FL 33637
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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The date of each amendment(s) adoption: 10/20/2013, if other than the date this document was signed.

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 12/26/2013

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)

ROMAN ALBANO

(Typed or printed name of person signing)

D/S

(Title of person signing)

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