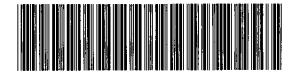
## N197000004914

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Amend

NOV 20 2015 I ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	St. John Missionary B	aptist Church, Inc. of	- Tal	1ahassee
DOCUMENT NUMBER: _	N9700	0004914	<del></del>	
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Tawana Carter				
	(	Name of Contact Perso	n)	
St. John Missionary Baptist	Church, INC. OF T	allahassea	9	
		(Firm/ Company)		
2125 Keith Street				
		(Address)		
Tallahassee, FL 32310				
	(	City/ State and Zip Coc	le)	
tawanacarterfl@comcast.net	1			
E	-mail address: (to be used	for future annual report	notification	
For further information conc	erning this matter, please o	all:		
Tawana Carter		85 at	i0	509-7260
	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida Dep	artment of	State:
\$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
P.O. Box 6	nt Section f Corporations	Amen Divisi Cliftor	Address dment Secti on of Corpo n Building Executive C	

Tallahassee, FL 32301

## Articles of Amendment to **Articles of Incorporation** of

St. John Missionary Baptist Church, Inc. OF TOILL (Name of Corporation as cur	rently filed with the Florida Dept. of State)	
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Profit Corporation</i> adop	ts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A	
Frincipal office address <u>MOST BE A STREET ADDRE</u>	<u> </u>	
		<u></u> ≥:0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5032 Capital Circle SW	
	Ste 2 PMB #168	
	Tallahassee, FL 32305	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
Name of New Registered Agent: PA	TRICK L. MAJON	
2125	Keith Street	
New Registered Office Address:	(Florida street address)	
Tailai	hassee , Florida 32	310
	(City) (Zip Coa	'e)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: In familiar with and accept the obligations of the posi	tion.
<u>ffa</u>	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 <math>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 X Add	<u>V</u> <u>M</u>	<u>Ohn Doe</u> fike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Joseph Edwards	2125 Keith Street
XAdd			Tallahassee, FL 32310
Remove			
2) Change	D	Kirk E. Gavin, Sr.	2125 Keith Street
X Add			Tallahassee, FL 32310
Remove			
3) Change	D	Randall Gavin, Sr.	2125 Keith Street
x Add			Tallahassee, FL 32310
Remove			
4) Change	D	Alfred Gainous, Sr.	2125 Keith Street
x Add			Tallahassee, FL 32310
Remove			
5) Change	D	Kay Tinsley	2125 Keith Street
x Add			Tallahassee, FL 32310
Remove			
6) Change	D	Tawana Carter	2125 Keith Street
x Add			Tallahassee, FL 32310
Remove			

## Additional amendments to Directors

X Add D Thelbert Starling 2125 Keith Street Tallahassee, FL, 323120.

X Change D Ervin Montgomery, Jr. 2125 Keith Street Tallahassee, FL, 323120.

X Remove Trustee Ernest J. Lane 648 Eagle View Circle Tallahassee, FL 32311

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Purpose. This corporation is organized to conduct religious services and community and other activities that are consistent
with the beliefs and practices of the Missionary Baptist Denomination.
Election of Directors. The Directors are the Pastor, Deacons, and Trustees of St. John Missionary Baptist Church, 2125
Keith Street, Tallahassee, Florida, 32310. The Pastor, Deacons, and Trustees are elected by and subject to removal by the
Church Conference in a manner that is consistent with the Church Constitution and By-laws. The terms of office of
the Directors shall be coincident to their time as active and participating church officers, in good standing, in their
respective positions as Pastor, Deacons, and Trustees.
Governance. All administrative, financial, governing, or other decisions by the Directors related to the operation and
activities of St. John Missionary Baptist Church, Inc. shall take place in a manner, time, and place as required of church
officers according to the Constitution and By-laws of St. John Missionary Baptist Church, 2125 Keith Street, Tallahassee,
Florida, 32310. All executive, financial, and substantive operating decisions must receive prior approval of the Church
Conference, the highest decision-making body of the Church.

date this document was signed.	n ine
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	<b>)</b>
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 (1/20/20/5	
Signature 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)	
Patrick L. Mason	
(Typed or printed name of person signing)	
Director & Chairman of the Deacon Board	
(Title of person signing)	