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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHRIST CENT	TRAL MINISTRIES, INC	,
DOCUMENT NUM	BER: <u>N98000004160</u>		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
,		DA GREEN	
	(Name of	Contact Person)	
	CHRIST CEN	TRAL MINISTRIES	
	(Firm	/ Company)	
	217 SW [OYAL AVENUE	
	()	Address)	
	LAKE C	ITY FL 32024	
	(City/ Stat	te and Zip Code)	
	ccmwg@c E-mail address: (to be use	christcentral.org d for future annual report notifica	tion)
For further information	on concerning this matter, please	e call:	
Wanda Green		at (386) 755-252	5 ne Telephone Number)
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or 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 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

CHRIST CENTR			-4-2	
(Name of Corporation as curren		the Florida Dept. of Sta	<u>ite</u>)	
N980 (Document Numb				
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inc	lorida Statutes orporation:	, this <i>Florida Not For P</i>	rofit Corporation a	adopts
A. If amending name, enter the new name of t	the corporatio	<u>n:</u>		
The new name must be distinguishable and cor abbreviation "Corp." or "Inc." "Company" or	ntain the word "Co." may no	"corporation" or "inc t be used in the name.	orporated" or the	
B. Enter new principal office address, if appli	cable:	N/A		
(Principal office address <u>MUST BE A STREET</u>	<u>(ADDRESS</u>)		SEGRE ;	2 JNF 60
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	N/A	SSEE, FLORIDA	24 PM 1:41
D. If amending the registered agent and/or re new registered agent and/or the new regist			ter the name of th	<u>e</u>
Name of New Registered Agent:		N/A		
New Registered Office Address:	(Flor	ida street address)		
<u>-</u>			, Florida (Zip Code)	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	g Registered A agent. I am	gent: familiar with and acce	pt the obligations	of the
Siş	gnature of New	Registered Agent, if cho	anging	

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>	Address	Type of Action
	N/A		Add Remove
	12.52		Add Remove
			☐ Add ☐ Remove
(attach ad	lditional sneets, if necessary,	rticles, enter change(s) here: (Be specific) Central Sports After School Prog	ride XII
		Central Ministries, Inc., and activ	
		eted as additions and/or extension	
Ministries,	Inc.		
			-

The date of each amendmen	t(s) adoption: July	/ 20, 2009
Effective date <u>if applicable</u> :	July 20, 2009	(date of adoption is required)
	(no more	than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHE</u>	CK ONE)
The amendment(s) was/we was/were sufficient for app		nembers and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		vote on the amendment(s). The amendment(s) was/were
Dated_July Signature_	20, 2009	in R. All Ch.
(By	not been selected	ce chairman of the board, president or other officer-if directors I, by an incorporator – if in the hands of a receiver, trustee, of iduciary by that fiduciary)
		Lonnie R. Johns, Jr.
	(Type	ed or printed name of person signing)
		President
		(Title of person signing)

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