

1198 000007102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

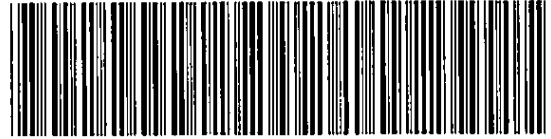
(Business Entity Name)

(Document Number)

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DC

N/C

03/12/23

Pamela R. Pursell

950 NW 70th St (SR326) | Ocala, FL 34475 | 352-219-3714 | treasstmocala@yahoo.com

February 26, 2023

Reference: ST. MARTIN'S CHURCH, INC.
N98000007102

To Whom it may concern;

After a long delay, I am finally able to resubmit on behalf ST. MARTIN'S CHURCH, INC. the Amendments to the Articles of Incorporation for a name change.

If there are other documents required, please contact me by mail or email ASAP so we can submit any missing information and file the Annual Corporate Report.

Blessings and Joy



Pam Pursell

Treasurer – St Martin's Anglican Church

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The Orthodox Anglican Communion



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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January 28, 2022

FAMELA PURSELL
950 NW 70TH ST
OCALA, FL 34475

SUBJECT: ST. MARTIN'S CHURCH, INC.
Ref. Number: N98000007102

We have received your document for ST. MARTIN'S CHURCH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

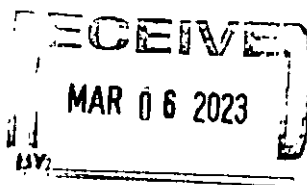
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 722A00002224 .



*original return
note
and Forms.*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. Martin's Church, INC.

DOCUMENT NUMBER: N98000007102

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

Please return all correspondence concerning this matter to the following:

PAMELA R. PURSELL
(Name of Contact Person)

ST. MARTIN'S CHURCH, INC.
(Firm/ Company)

950 NW 70th St
(Address)

OCALA, FLA 34475
(City/ State and Zip Code)

treasstmocala@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA R. PURSELL at 352 219 3714
(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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Articles of Amendment
to
Articles of Incorporation
of

St. Martin's Church, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N98000007102
(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:

St. Martin's Anglican Church, Inc. 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)

950 NW 70th St
Ocala, FL 34475

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

950 NW 70th St
Ocala, FL 34475

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:

PAMELA R. PURSELL

950 NW 70th St

(Florida street address)

New Registered Office Address:

Ocala

(City)

Florida 34475

(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.

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

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☒ Add

PT

REVEREND DR DAVID SOKOL

9750 NW 160TH AVE
MORRISTON, FL 32668

☐ Remove

2) ☒ Change
☐ Add

V

PATRICK MCCLEERY

5092 SW 104TH LOOP
OCALA, FL 34476

3) ☐ Remove
☒ Change
☐ Add
☐ Remove

D

Keith Wyland

15 JUNIPER PASS COURSE
OCALA, FL 34480

4) ☐ Change
☒ Add

S

DR. PATRICIA SOKOL

9750 NW 160TH AVE
MORRISTON, F 32668

☐ Remove

5) ☐ Change
☐ Add

☐ Remove

6) ☐ Change
☐ Add

☐ 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: February 26, 2023, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

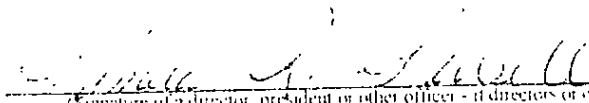
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____



(Signature of a director, president or other officer - if directors or officers have not been elected by the incorporator - if in the hands of the receiver, trustee, or other court-appointed fiduciary - or its attorney)

Pamela R Pursell

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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