

734795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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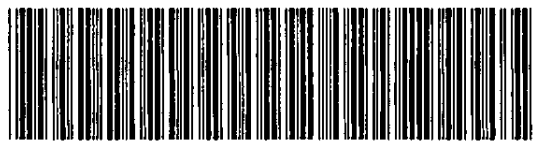
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 10 PM 2:24

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OCT 10 2013

OCT 10 2013  
R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2013

ELIZABETH M. COSTA  
REFUGE CHURCH MINISTRIES INC  
8600 HUNTING SADDLE DRIVE  
BAYONET POINT, FL 34667-2523

SUBJECT: OASIS CHRISTIAN FELLOWSHIP CHURCH OF NEW PORT  
RICHEY INCORPORATED  
Ref. Number: 734795

We have received your document for OASIS CHRISTIAN FELLOWSHIP CHURCH OF NEW PORT RICHEY INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 213A00022963

**COVER LETTER**

**TO: Amendment Section**  
Division of Corporations

**NAME OF CORPORATION:** Oasis Christian Fellowship Church of New Port Richey Inc.

**DOCUMENT NUMBER:** 734795 **EIN** 591724593

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

Please return all correspondence concerning this matter to the following:

**Elizabeth M. Costa**

(Name of Contact Person)

**Refuge Church Ministries Inc.**

(Firm/ Company)

**8600 Hunting Saddle Drive**

(Address)

**Bayonet Point FL.34667-2523**

(City/ State and Zip Code)

**ecosta8@aol.com**

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

For further information concerning this matter, please call:

**Elizabeth M. Costa**

(Name of Contact Person)

at ( 727 ) 457-3177

(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

*Please: E-MAIL Me BACK with changes  
OR Anything else you need  
# 727-857-6865  
Thank you*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

OCT 10 PM 2:24

Oasis Christian Fellowship Church of New Port Richey Inc

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

734795

EIN 59-1724593

(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:

Refuge Church Ministries 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)

3565 & 3533 Universal Plaza

New Port Richey FL 34652

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8600 Hunting Saddle Drive

Bayonet Point FL 34667-2523

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:

NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

NA

(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

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

NA

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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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	NA
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: NA if other than the date this document was signed.

Effective date if applicable: NA  
*(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 7-12-13

Signature *Elizabeth M. Costa*  
other court appointed fiduciary by that fiduciary)

ident or other officer-if directors  
ie hands of a receiver, trustee, or

**Elizabeth M. Costa**

(Typed or printed name of person sign)

**Treasurer (TD)**

(Title of person signing)