

N00000007919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

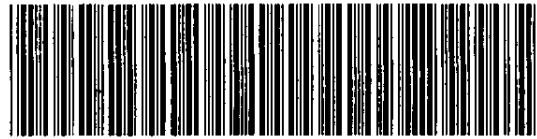
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 26 2010

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached *is* a form for filing **Articles of Amendment** to amend the articles of incorporation of a **Florida Not for Profit Corporation** pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

> The original incorporators cannot be amended.

> If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.

> If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.

> If amending/adding officers/directors, list titles and addresses for each officer/director. The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address Street Address

Amendment Section Amendment Section

Division of Corporations Division of Corporations

P.O. Box 6327 Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

For further information you may call the Amendment Section at **(850) 245-6050**

CR2EO09 (9/08)

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm! Company)

(Address)

(City! State and Zip Code)

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

For further information concerning this matter, please call:

_____ at(_____)

(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:

35 Filing Fee Q 43.75 Filing Fee & D 43.75 Filing Fee & D 52.50 Filing Fee

Certificate of Status Certified Copy Certificate of Status

(Additional copy is Certified Copy

enclosed) (Additional Copy

is enclosed)

Mailing Address Street Address

Amendment Section Amendment Section

Division of Corporations Division of Corporations

P.O. Box 6327 Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

New Jerusalem Place Of Deliverance Pentecostal Church Inc.

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

N0000000791 9

(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 amendin name, enter the new name of the corporation:

Place Of Deliverance Pentecostal 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)

C. Enter new mailin address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amendin the reistered aent and/or reistered office address in Florida, enter the name of the new re2istered aent and/or the new re2istered office address:

Name of New Registered Agent:

New Registered Office Address: (Florida street address)

Florida

(City) (Zip Code)

New Re2istered A2ent's Si2nature, if chan2in2 Re2istered A2ent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, f changing

Page 1 of 3

If arnendin 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 bein added:

(Attach additional sheets, if necessary)

Title Name Address Type of Action

_____ LI Add

_____ LI Remove

_____ LI Add

_____ LI Remove

_____ LI Add

_____ LI Remove

E. If amendin or addin additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific.)

Page 2 of 3

The date of each amendment(s) adoption: January 01, 2010

(date of adoption is required)

Effective date if applicable: January 01, 2010

(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 January 01, 2010

Signature Marilyn Edwards (By the chairman or vice chairman of the board, president or

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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)

Marilyn Edwards

(Typed or printed name of person signing)

(Title of person signing)

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VPresident