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SECRETARY OF STATE AHASSIL, FLORU

M.C.

C.COULLIETTE

MAY 0:3 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	New_	Creation	Chris	stian	Ministrie	s, Inc.
DOCUMENT NUMBER:N	040000	000456				
The enclosed Articles of Amend			ted for f	iling.		
Please return all correspondence	concerni	ng this matter t	o the fol	lowing:		
	I	Lena Thom	oson		_	
		(Name of Co	ntact Per	rson)		
New Cre	ation	Christian	n Min:	istrie	es, Inc.	
		(Firm/ Co	ompany)	)		
301 Spr	uce St	treet				
		(Add	ress)			
Jackson	ville,	, FL 32204	4			
		(City/ State a	nd Zip C	Code)		
pastort	hompso	on@clearw:	ire.n	et		
E-ma	il address	: (to be used fo	r future	annual re	eport notificatio	n)
For further information concerni	ng this m	atter, please ca	11:			
Lena Thompson			at (	904	228-8860	Telephone Number)
(Name of Contact	Person)			(Area Co	de & Daytime	Telephone Number)
Enclosed is a check for the follow	wing amo	ount made paya	ble to th	e Florida	Department of	State:
X \$35 Filing Fee ☐ \$43.7 Certifica	75 Filing l ate of Stat		Certifie	d Copy onal copy		☐ \$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				Division Clifton B	ent Section of Corporations	·

Tallahassee, FL 32301

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

New Creation Christian Ministries, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N040000004	56		
(Document Num	ber of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Inc.		is <i>Florida Not For P</i>	Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:		
New Creation Word & Worship	Center, Inc	· .	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or	ontain the word "c r "Co." may not be	orporation" or "inc used in the name.	orporated" or the
B. Enter new principal office address, if appl			
(Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u> ) _		758 6
	_		P B
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			ARY of The
			52 v
	_		10 m
D. If amending the registered agent and/or renew registered agent and/or the new regis			ter the name of the
Name of New Registered Agent:	-		_
	-		
New Registered Office Address:	(Florida	street address)	_
			, Florida
	(	City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.			pt the obligations of the

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
			Add Remove
E. If amend (attach ad	ling or adding additional Article dditional sheets, if necessary). (I	s, enter change(s) here: Be specific)	
	,		
	·		

The date of each amendment(s) ado	ption: April 1, 2010
Effective data if analisables	(date of adoption is required) April 21, 2010
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated	Lena Jhompson
Signature	irman or vice chairman of the board, president or other officer-if directors
	en selected, by an incorporator – if in the hands of a receiver, trustee, o
	appointed fiduciary by that fiduciary)
	Lena Thompson
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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