

N 09000001870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

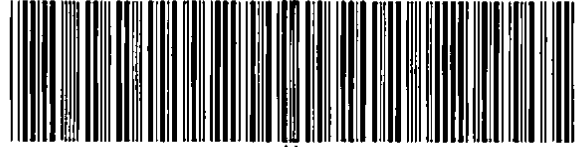
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/17/24--01000--020 \*\$52.50

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SD

R. HUNT  
04/17/24

CLAUDETTE BENOIT  
BETHANY MINISTRY OF GOD INC  
1900 NE 2<sup>ND</sup> TERRCE  
POMPANO BEACH FL 33060  
5614761860

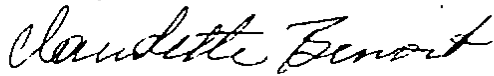
[bethanyministry@yahoo.com](mailto:bethanyministry@yahoo.com)

Memo: Certificate of status and Certified copy requested.  
Document Number: N09000001870

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Please, find inclosed the amendment document fling for Bethany Ministry of God Inc. I enclosed a check in the amount of \$52.50 to cover the cost. Please return all documents included and not limited: Certificate of Status and Certified Copy shall be mailed to me at: 1900 NE 2<sup>nd</sup> Terrace, FL 33060.

Sincerely,



Claudette Benoit

04-10-2024

CLERK OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BETHANY MINISTRY OF GOD INC

DOCUMENT NUMBER: N09000001870

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

Please return all correspondence concerning this matter to the following:

CLAUDETTE BENOIT

(Name of Contact Person)

BETHANY MINISTRY OF GOD INC

(Firm/ Company)

1900 NE 2ND TERRACE

(Address)

POMPANO BEACH FL 33060

(City/ State and Zip Code)

bethanyministry@yahoo.com

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

For further information concerning this matter, please call:

CLAUDETTE BENOIT

561

4761860

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
- \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
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2019

Articles of Amendment  
to  
Articles of Incorporation  
of

BETHANY MNISTY OF GOD INC

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

N09000001870

(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:**

BETHANY MINISTRY OF GOD 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 mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

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**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:* \_\_\_\_\_

*New Registered Office Address:* \_\_\_\_\_

*(Florida street address)*

*(City)*

Florida

*(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*

**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 P,ST and Mike Jones is listed as the V. There 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 <input type="checkbox"/> Add	<u>VP</u>	<u>WALTER E. ATKINS</u>	<u>3015 NW 6TH CT</u> <u>POMPANO BEACH FL 33069</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>EMMANUEL CHARIOT</u>	<u>1900 NE 2ND TERRACE</u> <u>POMPANO BEACH FL 33069</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>MARIE LOURDES ROSEME</u>	<u>5505 BANYAN LANE</u> <u>TAMARAC FL 33319</u>
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			

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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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STATE OF FLORIDA  
DEPARTMENT OF STATE

The date of each amendment(s) adoption: 04/10/2024, 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 04/10/2024

Signature *Claudette Benoit*  
(By the chairman or vice chairman of the board, president or 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)

CLAUDETTE BENOIT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FL

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