

N98000001076

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KISSIMMEE PENTECOSTAL ASSEMBLY, INC.

DOCUMENT NUMBER: N98000001076

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

Please return all correspondence concerning this matter to the following:

HELEN THOMAS

(Name of Contact Person)

KISSIMMEE PENTECOSTAL ASSEMBLY, INC.

(Firm/ Company)

722 N. MAIN STREET

(Address)

KISSIMMEE, FL 34744

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

HELEN THOMAS

(Name of Contact Person)

at (407)

846-2699

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
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enclosed)

☐ \$52.50 Filing Fee
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is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

(Document number of corporation (if known))

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 12/22/04

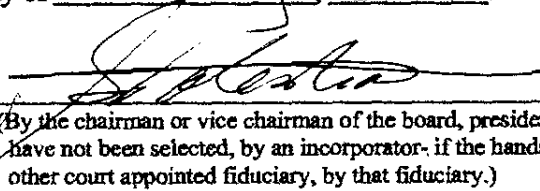
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 5th day of January, 2005.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ARLEEN SANDRA VALENTINE

(Typed or printed name of person signing)

MINISTER/PASTOR

(Title of person signing)

FILING FEE: \$35