

717364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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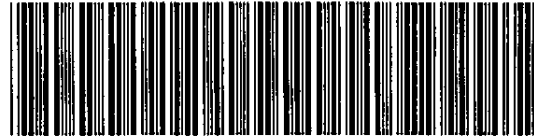
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 AUG 28 AM 9:48

*Amend*

AUG 31 2017

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WORLD WIDE REVIVAL INC.

DOCUMENT NUMBER: 717364

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

Please return all correspondence concerning this matter to the following:

SHAWANDA WILLIAMS-JOHNSON

(Name of Contact Person)

WORLD WIDE REVIVAL, INC.

(Firm/ Company)

130 NORTH COLLEGE AVE.

(Address)

EATONVILLE, FL 32751

(City/ State and Zip Code)

SCHOWONDA.WILLIAMS@YAHOO.COM

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

For further information concerning this matter, please call:

SHAWANDA WILLIAMS-JOHNSON

407-221-2653

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 AUG 28 AM 9:48

8/25/17

My Apologizes

but I mailed the  
paperwork (amendment Docs)

w/o The check, For

acc # 717364

RECEIVED  
17 AUG 28 PM 2:05  
DEPT. OF REVENUE OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

World Wide Revival Inc.

407 221-2653

Thank You.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 AUG 28 AM 9:48

Articles of Amendment  
to  
Articles of Incorporation  
of

WORLD WIDE REVIVAL INC.

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

717364

(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:**

NA

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:**

NA

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

NA

(Mailing address **MAY BE A POST OFFICE BOX**)

**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

, Florida

(City)

(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.

Na

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 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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>SARAH F. FLOYD</u>	<u>1987 SIPES AVENUE</u> <u>SANFORD, FL</u> <u>32771</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>JONATHAN R. WILLIAMS</u>	<u>5439 CLARCONA KEY BLVD</u> <u>#802 ORLANDO, FL</u> <u>32810</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>DORIS NEWMAN</u>	<u>130 N COLLEGE AVENUE</u> <u>EATONVILLE, FL</u> <u>32751</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AA</u>	<u>SHAWANDA WILLIAMS-JOHNSON</u>	<u>130 N. COLLEGE AVENUE</u> <u>EATONVILLE, FL</u> <u>32751</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>SHIRLEY WILLIAMS</u> <i>This change is due to the Incorrect spelling of her Name and address. HER POSITION with Organization DID NOT change.</i>	<u>515 OLIVER ST</u> <u>ALTAMONTE SPRINGS, FL</u> <u>32701</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>SHELLY WILLIAMS</u>	<u>515 OLIVER AVENUE</u> <u>ALTAMONTE SPRINGS, FL</u> <u>32701</u>

NA

8-14-2017

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

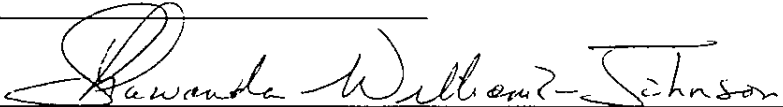
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 8-14-2017 \_\_\_\_\_

Signature  \_\_\_\_\_  
(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)

SHAWANDA WILLIAMS-JOHNSON

\_\_\_\_\_  
(Typed or printed name of person signing)

ADMINISTRATIVE ASSISTANT

\_\_\_\_\_  
(Title of person signing)