

(Reque	estor's Name)	
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(City/Si	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Docum	ment Number)	
Certified Copies	Certificates of Status	_
Special Instructions to Filir	ng Officer:	







July 26, 2024

MICHAEL WELLS 4510 SOUTEL DR JACKSONVILLE, FL 32208

SUBJECT: THE MASTER'S TOUCH MINISTRY, INC.

Ref. Number: 731019

We have received your document for THE MASTER'S TOUCH MINISTRY, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 924A00016503

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	The Master	's Touch Ministry Inc		 .
DOCUMENT NUMBER:		731019		
The enclosed Articles of Amendment and fee	are submitted for f	iling.		
Please return all correspondence concerning t	his matter to the fol	lowing:		
	Mich	ael Wells		
	(Name of t	Contact Person)		
	(Firm/	'Company)		
	4510	Soutel Drive		
	(A	ddress)		
	Jackso	onville. Florida 32208		
1-11-11-11-11-11-11-11-11-11-11-11-11-1	(City/ State	e and Zip Code)	,	
	mtrac	eye@aol.com		
E-mail address: (to	be used for future	annual report notified	ition)	
For further information concerning this matte	r. please call:			
Michael Wo	ells	904 at	622-7602	
(Name of Contac	t Person)	(Area Cod	e) (Daytime Telephone N	lumber)
Enclosed is a check for the following amount	made payable to th	e Florida Department	of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of	Status Certified	I Copy Conal copy is Cod) (A	2.50 Filing Fee ortificate of Status ortified Copy dditional Copy is nelosed)	
Mailing Address		Street Addre	ss	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

The Master's Touch Ministry, Inc

Name of Corporation as currently filed with the Florida D	ept. of State)	
	731019	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporati	on:	
Greater Jacksonv	ille Community Church, Inc	The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- Co	≥ —
	<u></u>	À
D. If amending the registered agent and/or registered offic	řým. ** Conducer in Florido, enter the name of the F	
new registered agent and/or the new registered office ag		
Name of New Registered Agent:	N/A N/A	 ム・
name of New Registered Agent.	<u> </u>	
	(Florida street address)	
New Registered Office Address:		
<u></u>	Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.	
Siş	znature 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: X_Change X_Remove X_Add	PT V SV	John Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) N/A Change Add		-		
Remove				
2) N/A Change Add		-		
N/A Remove 3) Change Add Remove		-		
4) N/A Change Add		_		
Remove				
5) N/A Change Add		_		
Remove				
6) N/A Change Add		_		
Remove				
E. If amending or addin (attach additional shee	ng addition ets, if nece	onal Arti essary).	icles, enter change(s) here: (Be specific)	
			N/A	
			IVIA	
		<u> </u>		<u></u>
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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.

Dated	July 10, 2024
	0,111
Signature	Eddie Hunter
· •	man 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, or appointed fiduciary by that fiduciary)
	Eddie Hunter
	(Typed or printed name of person signing)

(Title of person signing)