

732364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

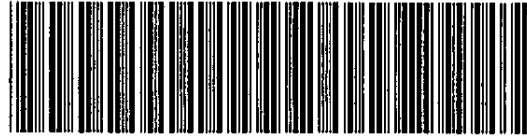
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -1 PM 3:51

C.L.
12-8-14



2360 ST. JOHN'S BLUFF ROAD
JACKSONVILLE, FL 32246
PH: (904)641-7600 FAX: (904)641-6161
www.NCMJax.org

A FAMILY CHURCH • A CHRISTIAN TEACHING CENTER • A WORLD OUTREACH MINISTRY

Bishop Wiley and Dr. Jeana Tomlinson, Founders and Pastors

November 5, 2014

RE: Articles of Amendment change for New Covenant Ministries, Inc.

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

AMENDING OF REGISTERED AGENT
REMOVAL OF BOARD MEMBERS

Enclosed under this cover please find the completed Florida Department of State's Articles of Amendment form for NEW COVENANT MINISTRIES, INC., DOCUMENT # 732364. The intent of this form is to change the Registered Agent and removal of a board member. Also, included under cover a check for the filing fees in the amount of \$35.00 as directed by your department.

Sincerely,


Dr. Yolanda F. Simmons
Board of Directors Member & Secretary

Enc: Articles of Amendment form # CR2E011
Check for filing fee (\$35.00)

Jesus is Lord
A city church with an international outreach!

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW COVENANT MINISTRIES, INC.

DOCUMENT NUMBER: 732364

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

Please return all correspondence concerning this matter to the following:

Dr. Yolanda F. Simmons

(Name of Contact Person)

NEW COVENANT MINISTRIES, INC.

(Firm/ Company)

2360 St. Johns Bluff Rd S

(Address)

Jacksonville, FL 32246

(City/ State and Zip Code)

yolanda@ncmjax.org

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

For further information concerning this matter, please call:

DR. YOLANDA F. SIMMONS

904

641-7600

(Name of Contact Person)

at ()

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of
NEW COVENANT MINISTRIES, INC.

FILED
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DIVISION OF CORPORATIONS
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(Name of Corporation as currently filed with the Florida Dept. of State)
732364

(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:

N/A

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.

N/A

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)

N/A

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:

Fred Tromberg, AAL

4925 Beach Blvd

(Florida street address)

New Registered Office Address:

Jacksonville

, Florida

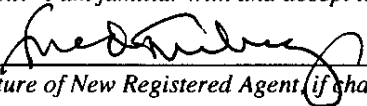
32207

(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.


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	<u>T</u>	<u>Jonathan D. McClellan</u>	<u>2360 St. Johns Bluff Rd S</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32246</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

November 5, 2014

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)

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DIVISION OF CORPORATIONS

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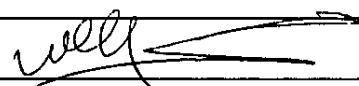
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

November 5, 2014

Dated

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)

Bishop Wiley Tomlinson

(Typed or printed name of person signing)

President

(Title of person signing)