

732364

(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



100290086111

09/19/18--01023--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 13 PM 12:09

OCT 14 2016
C McNAIR

SEP 22 2016

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

DR. YOLANDA F. SIMMONS
NEW COVENANT MINISTRIES, INC.
2360 S. JOHN BLUFF RD S
JACKSONVILLE, FL 32246

SUBJECT: NEW COVENANT MINISTRIES, INC.
Ref. Number: 732364

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 13 PM 12:09

We have received your document for NEW COVENANT MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 316A00020405

RECEIVED
16 OCT 13 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
19 OCT 13 PM 12:10

COVER LETTER

TO: Amendment Section
Division of Corporations

New Covenant Ministries

NAME OF CORPORATION: _____

732364

DOCUMENT NUMBER: _____

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 So

(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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 13 PM 12:10

(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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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:

N/A

Name of New Registered Agent:

(Florida street address)

New Registered Office 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 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 checked="" type="checkbox"/> Change	<u>D</u>	<u>Dr. Fabienne M. Naomi</u>	<u>7304 Elvia Dr.</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32211</u>
<input type="checkbox"/> Remove			<u>(This is a name change only.)</u>
2) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Mary Walker Miller</u>	<u>122 N 20th St</u>
<input type="checkbox"/> Add			<u>Jacksonville Beach, FL 32250</u>
<input type="checkbox"/> Remove			<u>(This is a name change only.)</u>
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			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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.

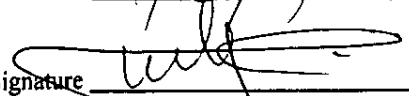
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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

9/13/2016

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)

Wiley Tomlinson

Bishop Wiley Tomlinson

(Typed or printed name of person signing)

President

(Title of person signing)

COVER LETTER

TO: Amendment Section,
Division of Corporations

CLERK

NEW COVENANT MINISTRIES, INC.

NAME OF CORPORATION: _____

732364

DOCUMENT NUMBER: _____

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

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)



ENTERED

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

COVER LETTER

TO: Amendment Section
Division of Corporations

CLIENTS COPY

NEW COVENANT MINISTRIES, INC.

NAME OF CORPORATION: _____

732364

DOCUMENT NUMBER: _____

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)



ENTERED

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