## 740256

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: St. Johns M.	issionary Baptist Church					
DOCUMENT NUMBER: 740256						
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this r	matter to the following:					
Ethel Isaacs William	ns					
(Name of Con	tact Person)					
Isaacs Williams, P.A.						
(Firm/ Company)						
•						
2655 N. Ocean Dr., Suite 502 (Address)						
Riviera Beach, FL 33404 (City/ State/ and Zip Code)						
For further information concerning this matter, please call:						
Ethel Isaacs Williams	at (561 ) 844-7274					
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:						
Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$\mathbb{K}\$ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section	Street Address Amendment Section					
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street					

Tallahassee, FL 32399

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

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		f corporation a				Dept. of State	PALLA	JARY CE
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Pursuant to the Corporation S	adopts the fol	llowing ame	endment(s					Profit
	HN MISSI			CHURCH	OF WEST	PALM B	EACH,	INC.
(must contain th language; "Con	e word "corpora	ation," "incorp	orated," or	the abbrev	iation "corp.	or "inc." or	<u> </u>	
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AMENDME Number(s) an								:
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(Attach additional pages if necessary)

The date of adoption of the	amendment(s) was:	September 2	1, 2004				
Effective date if applicable:	September 21	2004					
(no more than 90 days after amendment file date)							
Adoption of Amendment(s)	(CHECK OF	NE)					
7	) was (were) adopted t was sufficient for ap	<del>-</del>	and the number of votes cast				
	bers or members entit s (were) adopted by th						
Signed this 21st day of	September	, 2004	·				
Signature /	Meren Jamps	12					
(By t hav		incorporator- if the	resident or other officer- if directors hands of a receiver, trustee, or .)				
	Aaron Sampson						
<del></del>	(Typed or pri	nted name of perso	n signing)				
	Chairman, Tru	T					
	(T)	itle of person signir	ng)				

FILING FEE: \$35