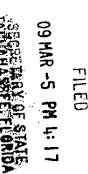
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2009

JAMES L. HARRELL, JR. P.R.A.I. 1100 STATE RD 19 SOUTH PALATKA, FL 32177

SUBJECT: PENTECOSTAL REVIVAL ASSOCIATION, INCORPORATED

Ref. Number: 742590

We have received your document for PENTECOSTAL REVIVAL ASSOCIATION, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 909A00005951

SECRETARY OF STATE TALL AHASSEE. FLORIOA

2003 HA 2- 9AM 8: 00

BECEINED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: The Penteco	ostal Revival Assoc	ciation, In	С.
DOCUMENT N	JMBER: 742590	 		
The enclosed Arti	cles of Amendment and fee a	are submitted for filin	ng.	
Please return all c	orrespondence concerning th	is matter to the follo	wing:	
<u>Jan</u>	nes L. Harrell, Jr.			
	(Name	of Contact Person)		
<u>P.R</u>	.A.I.			
	(Fi	rm/ Company)		
110	00 State Rd. 19 South			
		(Address)		
<u>Pal</u>	atka, Fl. 32177			··········
	, •	State and Zip Code)		
For further inform	ation concerning this matter,	please call:		
James L. Harrel	Commence to dealers, and a commence to the commence of the com	at (<u>386</u>) <u>325-632</u>	
(Nam	e of Contact Person)	(Area Cod	e & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the F	Florida Dep	artment of State:
□\$35 Filing Fœ	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional copenclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Se		
Division of Corporations		Division of Corporations		
P.O. Box 6 Tallahasse	6327 e, FL 32314	Clifton Buildin 2661 Executive Tallahassee, FI	Center Ci	rcle

Articles of Amendment to

Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State The Pentecostal Revival Association, Incorporate (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:

he new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company</u>		
Enter new principal office address, if a		······································
Principal office address <u>MUST BE A STR</u>	<u>EEI ADDRESS</u>)	
Enter new mailing address, if applical	ble:	
(Mailing address MAY BE A POST OF		
. If amending the registered agent and/o	an accietand office address in El	
	ir registemen nitice suntress in ru	AMAS. ENTER THE NAME AT TO
new registered agent and/or the new re		orida, enter the name of th
		orida, enter the name of the
new registered agent and/or the new re		
new registered agent and/or the new re Name of New Registered Agent:	egistered office address: (Florida street addre	ess) , Florida
new registered agent and/or the new re Name of New Registered Agent:	egistered office address:	ess)

	ditional sheets, if necessary)		
<u>Title</u>	Name	Address	Type of Action
			□ Domouo
			
		President, which is a second dated October 10, 2008 in a Sp	
·····			

The date of each amendmen	t(s) adoption: October 10, 2008
Effective date if applicable:	October 10, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Feb	rùary 13, 2009
Signature	Dolly m Harrell
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Dolly M. Harrell
	(Typed or printed name of person signing)
	President/ Director
	(Title of person signing)

Page 3 of 3