761243

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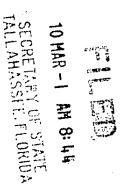
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Anend v N.C. C.COULLIETTE

MAR 03 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sonrise Assembly of God, Inc.					
DOCUMENT NUM	BER: 761243				
The enclosed Articles	of Amendment and fee are sub	nitted for fili	ng.		
Please return all corre	spondence concerning this matte	er to the follo	wing:		
	Pastor E	Brian M. Ke	lly		
	(Name of O	Contact Perso	on)	<u> </u>	
	Sonrise Assembly of God				
(Firm/ Company)					
	P.O. Box 698				
	(Address)				
Highland City, FI 33846					
	(City/ State and Zip Code)				
bmkelly@barnabasmissions.org E-mail address: (to be used for future annual report notification)				ation)	
For further information concerning this matter, please call:					
Brian M. Kelly		_{at (} 83	1 247-147	0	
(Name o	of Contact Person)		rea Code & Daytin	ne Telephone Number)	
Enclosed is a check fo	r the following amount made pa	yable to the F	Florida Department	of State:	
	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Certified ((Additional enclosed)	al copy is	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ar Di Cl	reet Address mendment Section vision of Corporation ifton Building 61 Executive Center	ns	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sonrise	e Assembly of	God _		
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of S	tate)	
761243				
(Document N	lumber of Corporati	on (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles o		this Florida Not For	Profit Corporation adopts	
A. If amending name, enter the new name	e of the corporation	<u>n:</u>		
Genesis Churc	h of the Assemb	ly of God, Inc.		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			corporated" or the	
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>			TALLUT SECTION	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			R+1 RH 8: 44	
D. If amending the registered agent and/o new registered agent and/or the new re			nter the name of the	
Name of New Registered Agent:	Bris	an M. Kelly	<u> </u>	
	3309 O	ak Grove Cove		
New Registered Office Address:	(Florid	da street address)	_	
	L	akeland	, Florida 33812	
(City)		(Zip Code)		
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.	red agent. I am j			
	DISTIMINIC OF ITEM	resource on resource if on	······································	

. 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)

<u>Title</u>	Name	Address	Type of Action
PD	Cotie, Patricia P.	3129 CARLETON CIRCLE EAST LAKELAND FL 33803 US	
PD	Kelly, Brian M.	3309 Oak Grove Cove Lakeland, Fl 33812	☑ Add ☐ Remove
			☐ Add ☐ Remove
E. If amending (attach addit	z or adding additional Articles, enter c ional sheets, if necessary). (Be specific	hange(s) here:	
			·
<u> </u>			
•			

The date of each amendmen	(s) adoption: 2/10/2010	
Effective date <u>if applicable</u> :	(date of adoption is required)	
	(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 roval.	amendment(s)
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment rectors.	t(s) was/were
Dated_2/24	/2010	
Signature	Brien Mille Parter/ pre	eside t_
hav	the chairman or vice chairman of the board, president or other of not been selected, by an incorporator – if in the hands of a recreater court appointed fiduciary by that fiduciary)	
	Brian M. Kelly	
	(Typed or printed name of person signing)	
	President/Pastor	
	(Title of person signing)	

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