

NO0000C 000 184

(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



200338140942

200338140942  
01/12/20--01/23--1102 \*\*52.50

S TALLENT  
FEB 13 2020

FILED  
2020 FEB 13 PM 12:51  
S. TALLENT

Approved  
N/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2020

EVONITA C JOHNSON (EC)  
325 E. HIGHLAND ST  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: NEW IMAGE PERFECTED MINISTRIES, INC.  
Ref. Number: N00000000184

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00002350

2020 FEB 13 AM 11:47

Thank you.  
For Telling  
me!



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NEW IMAGE PERFECTED MINISTRIES, INC

DOCUMENT NUMBER: N00000000184

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

Please return all correspondence concerning this matter to the following:

EVONITA C JOHNSON

(Name of Contact Person)

(Firm/ Company)

325 E. HIGHLAND STREET

(Address)

ALTAMONTE SPRINGS, FL 32701

(City/ State and Zip Code)

EJOHNSON181@CFL.RR.OCM

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

For further information concerning this matter, please call:

EVONITA C JOHNSON

407

4898900

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

NEW IMAGE PERFECTED MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N000000000184

(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:

NEWNESS MINISTRIES, INC.

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: THE FIRST & LAST CONSULTANT, LLC

325 E. HIGHLAND STREET

(Florida street address)

New Registered Office Address:

ALTAMONTE SPRINGS

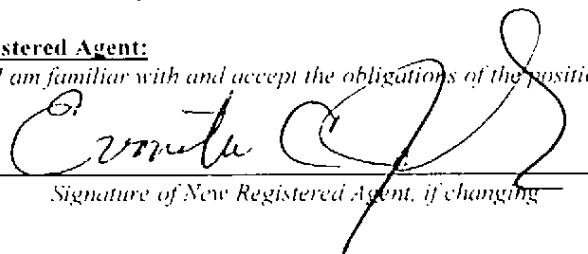
(City)

Florida 32701

(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 ___ Add  ___ Remove	<u>PS</u>	<u>EVONITA C. JOHNSON</u>	<u>321 MONTGOMERY RD #160274</u> <u>ALTAMONTE SPRINGS FL 32714</u>
2) <input checked="" type="checkbox"/> Change ___ Add  ___ Remove	<u>V</u>	<u>DWIGHT L. JOHNSON</u>	<u>321 MONTGOMERY RD #161621</u> <u>ALTAMONTE SPRINGS FL 32714</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add ___ Remove	<u>S</u>	<u>NISHEMA P. JOHNSON</u>	<u>321 MONTGOMERY RD #161621</u> <u>ALTAMONTE SPRINGS FL 32714</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  ___ Remove	<u>T</u>	<u>SHESPERFECT V. JOHNSON</u>	<u>321 MONTGOMERY RD #160274</u> <u>ALTAMONTE SPRINGS FL 32714</u>
5) <input type="checkbox"/> Change ___ Add  ___ Remove	_____	_____	_____
6) <input type="checkbox"/> Change ___ Add  ___ Remove	_____	_____	_____

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

THE SOLE PURPOSE OF OUR MINISTRIES IS TO REACH SOULS THROUGHOUT THE WORLD BY:

PREACHING, TEACHING, AND PROCLAIMING THE GOOD NEWS AND GOSPEL OF JESUS CHRIST.

Matthew 28:19 -20 Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and

and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age."

Matthew 10:8 Heal the sick, bring the dead back to life, heal those who suffer from dreaded skin diseases.

and drive out demons. You have received without paying, so give without being paid.

Page 3 of 4

The date of each amendment(s) adoption: 12/25/2019, if other than the date this document was signed.

Effective date if applicable: 01/01/2020  
(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.

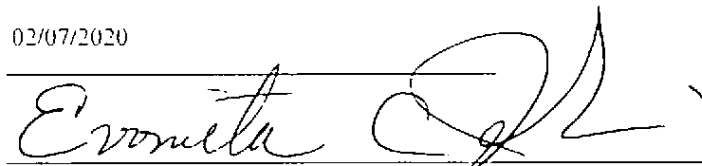
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 02/07/2020

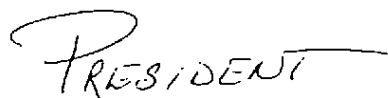
Signature



(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)

EVONITA C JOHNSON

(Typed or printed name of person signing)



(Title of person signing)