

1000000000 3658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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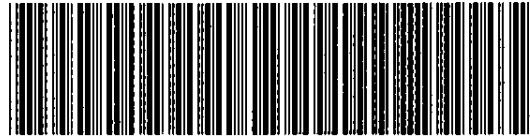
(Business Entity Name)

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11/28/11--01025--019 \*\*140.00

*Amend*  
*SL*  
*12/2/11*

CLERK OF SUPERIOR COURT  
PHILADELPHIA

28 DEC -7 AM 10:55

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Dewey Rowe Ministries, Inc.

**DOCUMENT NUMBER:** N00000003658

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

Please return all correspondence concerning this matter to the following:

Dewey Rowe

(Name of Contact Person)

Dewey Rowe Ministries, Inc.

(Firm/ Company)

P.O. Box 420307

(Address)

Kissimmee, Florida 34742

(City/ State and Zip Code)

drministries@yahoo.com

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

For further information concerning this matter, please call:

Dewey Rowe

(Name of Contact Person)

at ( 407 )

944-0046

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2011

DEWEY ROWE  
DEWEY ROWE MINISTRIES, INC.  
POST OFFICE BOX 420307  
KISSIMMEE, FL 34742

SUBJECT: DEWEY ROWE MINISTRIES INC.  
Ref. Number: N00000003658

We have received your document for DEWEY ROWE MINISTRIES INC. and check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 1 OF 4 AND PAGE 4 OF 4 AND RETURN FOR PROCESSING.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 011A00026910

RECEIVED  
11 DEC -7 AM 9:13  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

ⓧ

Dewey Rowe Ministries,  
Inc.

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

NO00000003658

(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:

Not amending

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:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(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.

N/A

Signature of New Registered Agent, if changing

ⓧ Only changing two directors

2011 DEC -7 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) D	William G. Ratliff	P.O. Box 420307 Kissimmee Florida 34746
2) D	Francis Ratliff	P.O. Box 420307 Kissimmee Florida 34746
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) D	Jeannie Fields	4) _____	_____
2) D	Diane Callihan	5) _____	_____
3) _____	_____	6) _____	_____



The date of each amendment(s) adoption: November 22, 2011

Effective date if applicable: November 22, 2011

*(no more than 90 days after amendment file date)*

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 November 22, 2011

Signature

Dewey Rowe

(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)

Dewey Rowe

DEWEY ROWE

(Typed or printed name of person signing)

President

Dewey Rowe, President

(Title of person signing)