

N 000000004755

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Tewis
12-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: True Vine Miracle Center Inc.

DOCUMENT NUMBER: N000000004755

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

Please return all correspondence concerning this matter to the following:

Teresa Turner
(Name of Contact Person)

True Vine Miracle Center
(Firm/ Company)

2201 S Rifle Range Rd.
(Address)

Winter Haven Fl. 33880
(City/ State and Zip Code)

willcgodwin@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Turner at (863) 259-2014
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
enclosed) |
|---|--|---|--|

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11 NOV 29 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

November 29, 2011

TERESA TURNER
TRUE VINE MIRACLE CENTER, INC.
2201 S. RIFER RANGE ROAD
WINTER HAVEN, FL 33880

SUBJECT: TRUE VINE MIRACLE CENTER, INC.
Ref. Number: N00000004755

We have received your document for TRUE VINE MIRACLE CENTER, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 311A00026786

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11 DEC -9 AM 9: 58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

True Vine Miracle Center, Inc.

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

N00000004755

(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:

True Vine Miracle Center Church, 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:

(Florida street address)

New Registered Office Address:

(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.

Signature of New Registered Agent, if changing

SECRETARY OF STATE
FLORIDA
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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) <u>VP/Deacon</u>	<u>Glenda S. Billings</u>	<u>2201 S Rifle Range Rd</u> <u>Winter Haven</u> <u>FL 33880</u>
2) <u>Deacon</u>	<u>Connie Pittman</u>	<u>2201 S. Rifle Range Rd</u> <u>Winter Haven FL</u> <u>33880</u>
3) <u>Deacon</u>	_____	_____ _____ _____
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) <u>VP Deacon</u>	<u>David Brown</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

The date of each amendment(s) adoption: Nov 7, 2011

Effective date if applicable: Nov 7, 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 11/7/11

Signature [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)

Teresa Turner
(Typed or printed name of person signing)

Registered Agent / Pastor / P.
(Title of person signing)