

N 000000005316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2023

DELLA MONROE  
570 ELLIS ROAD SOUTH  
JACKSONVILLE, FL 32254

SUBJECT: FAITH'S REALM MINISTRY INTERNATIONAL, INC.  
Ref. Number: N00000005316

We have received your document for FAITH'S REALM MINISTRY INTERNATIONAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure the officers full addresses are listed.

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 123A00028179

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FAITH'S REALM MINISTRY INTERNATIONAL, INC.

DOCUMENT NUMBER: N00000005316

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

Please return all correspondence concerning this matter to the following:

DELLA MONROE

(Name of Contact Person)

FAITH'S REALM MINISTRY INTERNATIONAL, INC.

(Firm/ Company)

570 ELLIS ROAD SOUTH

(Address)

JACKSONVILLE, FLORIDA 32254

(City/ State and Zip Code)

faithsrealm@gmail.com

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

For further information concerning this matter, please call:

DELLA MONROE

(Name of Contact Person)

904

(Area Code)

5085647

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FAITH'S REALM MINISTRY INTERNATIONAL, INC.

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

N00000005316

(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:

N/A

*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)

570 ELLIS ROAD SOUTH

JACKSONVILLE, FLORIDA 32254

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

570 ELLIS ROAD SOUTH

JACKSONVILLE, FLORIDA 32254

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

570 ELLIS ROAD SOUTH

(Florida street address)

New Registered Office Address:

JACKSONVILLE

(City)

Florida 32254

(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

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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 type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>CPA</u>	<u>PERTH, JACQUELINE</u>	<u>7638 DUCLAY FOREST WEST</u> <u>JACKSONVILLE, FL. 32244</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>ELD</u>	<u>WRIGHT, MICHAEL</u>	<u>3690 KIRKPATRICK CIR. UNT 7</u> <u>JACKSONVILLE, FL. 32210</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ELD</u>	<u>ROBINSON, RICARDO</u>	<u>7424 AMANDAS CROSSING</u> <u>DRIVE NORTH</u> <u>JACKSONVILLE, FL. 32244</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>DEA</u>	<u>CROOMS, BENJAMIN</u>	<u>766 DIXON STREET</u> <u>JACKSONVILLE, FL. 32254</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>MIN</u>	<u>WILLIAMS, AISHA</u>	<u>5520 KILKEE COURT</u> <u>JACKSONVILLE, FL. 32244</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u>

F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

N/A

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☐ 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 12/20/2023

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)

APOSTLE A. R. WILLIAMS

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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