N00936

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SECRETARY OF STATE

JAN 13 2015 C. CARKOTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Harvesttime Ministrie ON:	es, Inc.		
	N00936			, - ,
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
Nicholas Oppegard				
	((Name of Contact Pe	rson)	
Harvesttime Ministries, Inc.				
		(Firm/ Company)	
604 Scotland Street				
		(Address)		
Dunedin, FL 34695				
	(City/ State and Zip (Code)	
info@insideoutcmi.com				
E	E-mail address: (to be used :	for future annual rep	ort notification	
For further information conc	eerning this matter, please c	eall:		
Dr. Terry Collier		at _	727	463-6181
	(Name of Contact Person)	u	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida D	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A		Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Harvesttime Ministries, Inc.			
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	_
N00936			
(Document Numb	er of Corporation (if know	m)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For P</i>	rofit Corporation adopts the follow	'ing
A. If amending name, enter the new name of the corporati	ion:		
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" o	The nor the abbreviation "Corp." or "Inc	
B. Enter new principal office address, if applicable:	604 Scotland Street		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Dunedin, FL 34695		
		> co > co > co	107
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHA AS	B JAR I
		SEST.	
			Ü
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ter the name of the	0 /
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:			
	(City)	Florida, Florida	—
		(Zip Coue)	
New Registered Agent's Signature, if changing Registered language		obligations of the position.	
	ignature of New Registere	d 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	T/S	Dr. Terry Collier	5230 Denver Street NE
Add			St. Petersburg, FL 33703
Remove			
2) Change	P/D	Randal P. Gunning	589 - 79th Street S.
Add			St. Petersburg, FL 33707
X Remove			
3) Change	P/VP	Nicholas Oppegard	604 Scotland Street
X Add			Dunedin, FL 34695
Remove			
4) Change	S/T/D	Jeffrey R. Ghiotto	589 - 79th Street S.
Add			St. Petersburg, FL 33707
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addit (attach additional sheets, if ned	ional Articles, enter concessary). (Be specific	hange(s) here:		
1	,			
N/A				
*				
			_	
				
				

.' .	•	January 6, 2016	
	e date of each amendmen this document was signed		, if other than the
Effe	ective date <u>if applicable</u> :	January 6, 2016	
		(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amorproval.	endment(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) will directors.	vas/were
	Janua Dated	ry 6, 2016	
		Very L Collier	
	have t	e chairman or vice chairman of the board, president or other officer-if not been selected, by an incorporator — if in the hands of a receiver, traceourt appointed fiduciary by that fiduciary)	
	Dr	Terry Collier	
		(Typed or printed name of person signing)	
	Tre	easurer/Secretary	
		(Title of person signing)	