

No 1000005/04

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

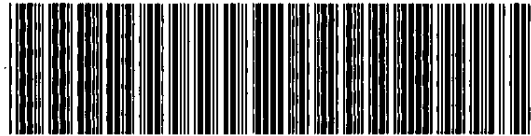
(Document Number)

Certified Copies _____ Certificates of Status _____

401

Special Instructions to Filing Officer:

Office Use Only



700187073187

10/27/10--01013--009 **35.00

Amend

FILED
10 OCT 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 28 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Birth House of Prayer, Inc.

DOCUMENT NUMBER: N 01000005104

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

Please return all correspondence concerning this matter to the following:

Hugh C. Turner

(Name of Contact Person)

New Birth House of Prayer, Inc.

(Firm/ Company)

7840 95th Av

(Address)

Vero Beach, FL 32967

(City/ State and Zip Code)

trnsandra03@aol.com

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

For further information concerning this matter, please call:

H. C. Turner

(Name of Contact Person)

at (772) 480-6000

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is 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

Articles of Amendment
to
Articles of Incorporation
of

New Birth House of Prayer, Inc.

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

N01000005104

(Document Number of Corporation (if known))

FILED
-10 OCT 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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:

New Registered Office Address:

(Florida street 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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>Samuel Wright</u>	<u>2631 NW 10th St,</u> <u>Pompano, FL 33069</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Karleen Russ</u>	<u>1206 N 20th Street</u> <u>Fort Pierce, FL 34950</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Rosetta Marsh</u>	<u>2405 43rd Street</u> <u>Fort Pierce, FL 34946</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article III (Purpose) The purpose of this organization is to teach and train individuals in
the ways of the Holy Scriptures and to train those to teach others. This is an exclusively
religious organization and shall not partake of any activity that otherwise influences
legislation or any part of the political process. Article No part of the net earning of
organization shall inure to be benefit of its members or officers except that the organiza-
tion shall be authorized to pay reasonable compensation for services rendered.
Article Upon the dissolution of the organization, assets shall be distributed for one or
more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue
Code.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Mae Etta Knight</u>	<u>1505 N 16th Street</u> <u>Fort Pierce, FL 34950</u>	Add

The date of each amendment(s) adoption: 10/11/10
(date of adoption is required)

Effective date if applicable: _____
(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 10-23-10

Signature [Handwritten 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)

H. C. Turner
(Typed or printed name of person signing)

Overseer / Pres.
(Title of person signing)