

**NO 200000 2558**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

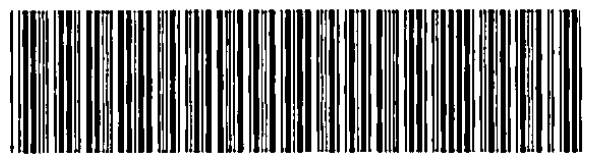
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**700316993857** ✓

S TALLENT  
OCT 22 2018

FILED  
18 OCT 19 PM 2:00  
COURT CLERK  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2018

WHITE, GLORIA  
2880 WEST OAKLAND PARK BLVD SUITE 102  
FT LAUDERDALE, FL 33311

SUBJECT: JESUS CHRIST WORLD MINISTRIES INC  
Ref. Number: N02000002558

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 418A00017131

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JESUS CHRIST WORL MINISTRIES

Name of Corporation

**DOCUMENT NUMBER:** N02000002558

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Gloria White**

Name of Contact Person

Firm/Company

Address

**2699 NW 68th Terr**

City/State and Zip Code

**Sunrise, Florida, 33313**

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

For further information concerning this matter, please call:

**Gloria White**

Name of Contact Person

**954 530-1946**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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 Ci  
Tallahassee, FL 32301

2018 OCT 19 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

Jesus christ world minister inc

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

JESUS CHRIST WORL<sup>D</sup> MINISTRIES

JESUS CHRIST WORLD MINISTER

(Document Number of Corporation (if known))

N02000025

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:**

N/A

*(Principal office address MUST BE A STREET ADDRESS)*

**C. Enter new mailing address, if applicable:**

N/A

*(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:

N/A

New Registered Office Address:

N/A

*(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*

FILED  
18 OCT 19 PM 2:00

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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. Then 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 Chair, 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><br>(Check One)   | <u>Title</u> | <u>Name</u>            | <u>Address</u>  |
|--|--------------|------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D</u>     | <u>IOLA ERSKINE</u>    | <u>10418 SOUTH<br/>NORMAL AVE<br/>CHICAGO, IL 60628</u> |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D</u>     | <u>LOLLETA WILLS</u>   | <u>1194 N STATE RD 7. # 202<br/>LAUDERHILL FL. 3313</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>-</u>     | <u>---</u>             | <u>----</u>   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>FRANKLYN DRYER</u>  | <u>2699 NW 68TH TERR<br/>SUNRISE, FL 33313</u>          |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>TREVOR MANBORDE</u> | <u>5090 ISLAND CLUB DR<br/>TAMARAC, FL 33319</u>        |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>_____</u> | <u>_____</u>           | <u>_____</u>  |

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

N/A

N/A.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08/01/2018 \_\_\_\_\_

Signature Gloria White \_\_\_\_\_

(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)

GLORIA WHITE

\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR GLORIA WHITE \_\_\_\_\_

(Title of person signing)