

No20000006387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

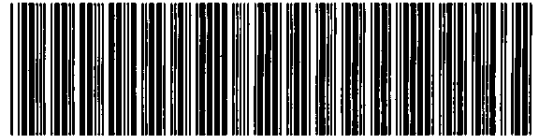
(Business Entity Name)

(Document Number)

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*Armed*

01/20/12--01028--027 \*\*35.00

2012 JAN 31 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ASR  
1/31/12

\* 00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2012

Bishop Samuel McBurnett  
Abundant Life Deliverance & Ministries  
P.O. Box 1137  
St. Augustine, FL 32085

SUBJECT: ABUNDANT LIFE DELIVERANCE MINISTRIES IN JESUS CHRIST  
INC.  
Ref. Number: N02000006387

We have received your document for ABUNDANT LIFE DELIVERANCE  
MINISTRIES IN JESUS CHRIST 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):

Your document is incomplete. The fourth page is missing. I have enclosed a  
blank fourth page for you to fill out and return to us when you resubmit the  
document.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 012A00001779

RECEIVED  
12 JAN 31 PM 10:33  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABUNDANT LIFE DELIVERANCE MINISTRIES  
IN JESUS CHRIST INC.  
Name of Corporation

**DOCUMENT NUMBER:** NO2000006387

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:

BISHOP SAMUEL MCBURNETT  
Name of Contact Person

ABUNDANT LIFE DELIVERANCE MINISTRIES  
IN JESUS CHRIST INC.  
Firm/Company  
3605 LEWIS SPEEDWAY ST AUGUSTINE FL 32084

**MAILING ADDRESS** — PO BOX 1137 ST AUGUSTINE FL 32085  
Address

ST AUGUSTINE FL 32085  
City/State and Zip Code

MCBURNE7@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BISHOP SAMUEL MCBURNETT at 917, 5418003  
Name of Contact Person                      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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Abundant Life Deliverance Ministries in Jesus Christ Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

2012 JAN 31 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

\_\_\_\_\_ *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**)

DNA

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

DNA

**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: \_\_\_\_\_

DNA

New Registered Office Address:

\_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(City) (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)

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:

Change            PT     John Doe  
 Remove            V       Mike Jones  
 Add                 SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>REBENIA JOHNSON</u>	<u>965 OAK ARBOR CIRCLE</u> <u>ST AUGUSTINE FL 32084</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ALWIN JACKSON</u>	<u>7040 2nd ST</u> <u>ST AUGUSTINE FL 32092</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>AUDREY GADEW</u>	<u>964 W KING ST</u> <u>ST AUGUSTINE FL 32084</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>VIVIAN JUVAN</u>	<u>485 HEFFEROM DR</u> <u>ST AUGUSTINE FL</u> <u>32084</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>KEN SANDERS</u>	<u>611 GOLDEN LAKE LOOP</u> <u>ST AUGUSTINE FL</u> <u>32084</u>
6) <input type="checkbox"/> Change <input 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)*

NA

The date of each amendment(s) adoption: 1-26-12

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 1/26/12  
Signature Bishop Samuel McBurnett  
(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)

BISHOP SAMUEL McBurnett  
(Typed or printed name of person signing)  
PRESIDENT / REGISTERING AGENT  
(Title of person signing)