

NO20000006387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

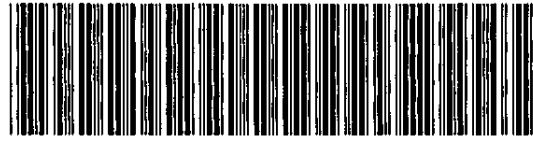
(Business Entity Name)

(Document Number)

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FILED
12 NOV 29 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2012

DEDRA R. PROCTOR, ABUNDANT LIFE DELIVERANCE MINISTRIES
IN JESUS CHRIST, INC.
P.O. BOX 1137
ST AUGUSTINE, FL 32085 US

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., however, upon receipt of your document
no check was enclosed. Please return your **document** along with a **check** or
money order made payable to the Department of State for \$35.00.

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 712A00027750



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Letter Number: 712A00027750

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Abundant Life Deliverance Ministries In Jesus Christ, Inc

DOCUMENT NUMBER: NO2000006387

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

Please return all correspondence concerning this matter to the following:

Dedea R. Proctor
(Name of Contact Person)

New Beginnings Ministry, Inc.
(Firm/ Company)

P. O. Box 1137
(Address)

St. Augustine, FL 32085
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Dedea R. Proctor at (904) 829-0518
(Name of Contact Person) (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

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

NO2000006387
(Document Number of Corporation (if known))

12 NOV 29 AM 11:37
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:

New Beginnings Christian Assembly, Inc. 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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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: Dedea R. Proctor

P.O. Box 1137-40 Smith St
(Florida street address)

New Registered Office Address:

St. Augustine, Florida 32084
(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.

Dedea R. Proctor

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:

<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PDTR</u>	<u>Dedra R. Proctor</u>	<u>40 Smith St.</u> <u>St. Augustine, FL 32084</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC TR</u>	<u>Barbara L. Proctor</u>	<u>7125 C.R. 208</u> <u>St. Augustine, FL 32092</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Samuel McBurnett</u>	<u>14116 Linden Blvd.</u> <u>Jamaica, N.Y. 11436</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Brenda McBurnett</u>	<u>14116 Linden Blvd.</u> <u>Jamaica, N.Y. 11436</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Corky Moore</u>	<u>106 Marcy Place #1A</u> <u>Bronyx, NY 10452</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Alvin Jackson</u>	<u>7040 2nd Street</u> <u>St. Augustine, FL 32092</u>

Cont next page.

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)

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<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>LaTonya J. Lyons</u>	<u>7125 C.R. 208</u> <u>St. Augustine, FL 32092</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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)

N/A

A series of horizontal lines for writing, with a diagonal line drawn across the entire section from the bottom-left to the top-right, indicating that the content is not applicable.

The date of each amendment(s) adoption: October 5th, 2012

Effective date if applicable: October 5th, 2012
(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 11-19-12

Signature Dedea R. Proctor

(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)

Dedea R. Proctor
(Typed or printed name of person signing)

President / Registered Agent
(Title of person signing)