

No40000001091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

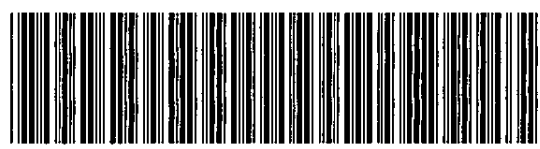
(Business Entity Name)

(Document Number)

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Amend

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 PM 1:25

T. Roberts FEB 02 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOD'S HOUSE MINISTRIES OF
ORLANDO, INC.

DOCUMENT NUMBER: N 04000001091

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

Please return all correspondence concerning this matter to the following:

PASTOR VALERIA WEEKS
(Name of Contact Person)

GOD'S HOUSE MINISTRIES OF ORLANDO, INC.
(Firm/ Company)

7018 FOREST CITY RD.
(Address)

ORLANDO, FL. 32810
(City/ State and Zip Code)

For further information concerning this matter, please call:

VALERIA WEEKS at (407) 578-9017
(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

Articles of Amendment
to
Articles of Incorporation
of

God's House Ministries of Orlando, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N04000001091

(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:

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:

(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:

N/A

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.

N/A

Signature of New Registered Agent, if changing

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

[illegible]

ADDING ADDITIONAL ARTICLES:

ADDING: "VWEEKS OUTREACH AND DEVELOPMENT"

**TO ADVOCATE AND ENCOURAGE PROJECTS IN THE COMMUNITY.
TO PLAN AND PRODUCE PROGRAMS, PROJECTS, AND OTHER FUNCTIONS.
SUCH AS: MENTORING, FOOD PANTRY, RE-TRAINING, HEALTH
EDUCATION, HOUSING ASSISTANCE, CLOTHING SHOP, AND ALSO,
VARIOUS WORKSHOPS AND SEMINARS. WE WILL HELP WITH UTILITIES,
GRANTS TO START-UP BUSINESSES. SPORTS CLINIC, CONTRACTING OUT
TO BUILD DAY CARE FACILITY, AND BUILDING A LARGE YOUTH
FACILITY(PLAY GROUND, BASKETBALL COURT, TENNIS, BASEBALL, ETC.).
ALSO, A SENIOR CITIZEN MEDIA CENTER. JAIL MINISTRY(MENTORING)
MEN AND WOMEN. COLLEGE STUDENT ASSISTANT PROGRAM, BOOKS TO
EDUCATED INDIVIDUALS. ALSO, TO PROVIDE JOBS FOR SINCERE
INDIVIDUALS.**

ADDING ADDITIONAL DIRECTORS/OFFICERS:

**DIRECTOR: DIONDRA HILL
13409 THOMASVILLE CIRCLE APT. C
TAMPA, FL. 33617**

**OFFICER/TREASURER(2): CAREY GALLON
144 OAK GROVE RD.
WINTER PARK, FL 32789**

**OFFICER/ASSIST. SEC.: LATARSHA LESTER
2004 LEISURE DR.
ORLANDO, FL 32808**

**OFFICER: WINIRED LOMAX
751 W. KENNEDY APT. K103
ORLANDO, FL 32810**

ADDING : ADVISORY BOARD OF COUNCIL

**"ALL PREVIOUS AND ADDED CEO, DIRECTOR, OFFICERS, TREASURERS,
GENERAL SECRETARY AND ASSISTANT SECRETARY.**

**PURPOSE TO ACT IN AN ADVISORY AND SUPPORT CAPACITY TO THE
ADVISORY BOARD AND IT'S DIRECTORS WHEN REQUESTED TO DO SO BY
THE BOARD. ALSO, TO ASSIST AND ENCOURAGE INDIVIDUAL PROJECTS
APPROVED BY THE BOARD.**

The date of each amendment(s) adoption: 1-16-09

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 1/16/09

Signature Valeria Weeks

(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)

VALERIA WEEKS

(Typed or printed name of person signing)

Pastor / CEO

(Title of person signing)