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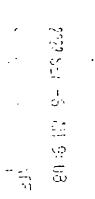
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Office Use Only



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## ZION HOPE MISSIONARY BAPTIST CHURCH OF MIAMI, INC 5129 NW 17TH AVENUE MIAMI, FLORIDA 33142

**AUGUST 30, 2023** 

FLORIDA DEPARTMENT OF STATE
ADMENDMENT SECTION
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

#### TO WHOM IT MAY CONCERN:

THIS NOTORIZED LETTER IS WRITTEN TO CERTIFY THAT THE REQUESTED ADMENDED CHANGES ARE CORRECT. ON SUNDAY EVENING AFTER CHURCH SERVICE, AUGUST 27, 2023, AT 6:15 PM A ME ETING WAS HELD WITH REV DR W. EDWARD MITCHELL AND BOARD MEMBERS.

ALL PARTIES VOTED TO AMEND THIS CHARTER TO REINSTATE PASTOR W. EDWARD MITCHELL AS CEO / CHAIRMAN OF BOARD AND MICHAEL A. DAY, AS OFFICER, BOARD MEMBER. AS THE CHARTER WAS ORIGINALLY ON THE CORRECT ANNUAL REPORT SUBMITTED ON FEBRUARY 18, 2023. PLEASE REMOVE ALL OTHER MEMBERS AS VOTED ON, AND AUTHORIZED BY MAJORITY BOARD. ALSO, BE ADVISED THAT ALL CHANGES ARE FINAL AND NO MORE CHANGES WILL BE MADE FOR THE REMAINING OF THIS FISCAL YEAR.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER PLEASE DO NOT HESITATE TO

CONTACT ME IF NECESSARY.

CORDIALLY.

REV DR W.E MITCHELL, Pastor

**Notary Signature** 

Drinted Name

08/30/202

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION:                                     | IISSIONARY BAPTIST        | CHURCH                         |  |             |
|--|---------------------------|--------------------------------|--|-------------|
| DOCUMENT NUMBER:   | N04000                    | 0149                           | 2  | 27-32       |
| The enclosed Articles of Amendment and fee are           | e submitted for filing.   |                                |  |             |
| Please return all correspondence concerning this         | matter to the following:  |                                |  |             |
| REV DR. W. EDWARD MITCHELL, JR.                          |                           |                                |  |             |
| ·  | (Name of Contact I        | Person)                        | ·  | <del></del> |
| ZION HOPE MISSIONARY BAPTIST CHURC                       | CH                        |                                |  |             |
|  | (Firm/ Compar             | ıy) <u>,</u>                   |  | <del></del> |
| 5129NW 17TH AVENUE                                       |                           |                                |  |             |
|  | (Address)                 | <u> </u>                       |  | <del></del> |
| MIAMI, FLORIDA 33142                                     |                           |                                |  |             |
|  | (City/ State and Zip      | Code)                          |  |             |
| Pastorwemjr@aol.com                                      |                           |                                | •  |             |
| E-mail address: (to be                                   | used for future annual re | port notificatio               | n)   |             |
| For further information concerning this matter, p        | lease call:               |                                |  | 380         |
| REV DR. W EDWARD MITCHELL, JR                            | a                         | 786<br>.t                      | 444-2577   | - 01        |
| (Name of Contact Po                                      | erson)                    | (Area Code)                    | (Daytime Telephone   | Number)     |
| Enclosed is a check for the following amount ma          | de payable to the Florida | Department of                  | State:   |             |
| ☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Sta |                           | Certif<br>is Certif            | 0 Filing Fee icate of Status icd Copy tional Copy is osed) |             |
| Mailing Address Amendment Section                        | _                         | treet Address<br>mendment Sect | ion  |             |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

ZION HOPE MISSIONARY BAPTIST CHURCH

| Name of Corporation as currently filed with the Flor<br>N04000001492                                      | ida Dept. of State)                 |                                  |           |
|---|-------------------------------------|----------------------------------|-----------|
| (Document N   | lumber of Corporation (if k         | nown)                            |           |
| ursuant to the provisions of section 617.1006, Florida S<br>mendment(s) to its Articles of Incorporation: | tatutes, this <i>Florida Not Fo</i> | er Profit Corporation adopts the | following |
| . If amending name, enter the new name of the corp  | oration:                            |                                  |           |
| /A  |                                     |                                  | The new   |
| ime must be distinguishable and contain the word "cor<br>Company" or "Co." may not be used in the name.   | poration" or "incorporated          | l" or the abbreviation "Corp."   |           |
| Enter new principal office address, if applicable:  | N/A                                 |                                  |           |
| rincipal office address <u>MUST BE A STREET ADDR</u>  | <u>ESS</u> )                        |                                  |           |
|   | · · · · · ·                         |                                  |           |
|   |                                     | .=                               | _         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                      | N/A                                 |                                  |           |
| (mailing address MAT BE A FOST OFFICE BOX)  |                                     |                                  |           |
|   |                                     |                                  | -         |
|   |                                     |                                  |           |
| 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 off  |                                     |                                  |           |
| Name of New Registered Agent: N/A   |                                     |                                  |           |
|   |                                     |                                  | ::        |
| <del></del> -   | (FI                                 | orida street address)            |           |
| New Registered Office Address:  |                                     |                                  | _         |
|   |                                     | , Florida                        | :         |
| <del></del>   | (City)                              | (Zip Code)                       | :         |
| ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I a  |                                     | the obligations of the position. | lu.       |
|   |                                     |                                  |           |
|   |                                     |                                  |           |
| <del></del>   | Signature of New Regist             | ered 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: X_Change X_Remove X_Add |              | Doe<br>Jones<br>Smith                             |   |
|----------------------------------|--------------|---|---|
| Type of Action (Check One)       | <u>Title</u> | <u>Name</u>                                       | <u>Addres</u> s                             |
| Change Add                       | CFO          | REV DR W. EDWARD MITCHELL                         | 5129 NW 17TH AVENUE<br>MIAMI, FLORIDA 33142 |
| Remove    Change                 | <u>o</u>     | MICHAEL A. DAY                                    | 5129 NW 17TH AVENUE<br>MIAMI, FLORIDA_33142 |
| X Remove Change Add Remove       | <u>o</u>     | ALBERT ROBERTS                                    | SAME AS ABOVE                               |
| 4) Change Add                    | <u>O</u>     | CHARLES WOODARD                                   | SAME AS ABOVE                               |
| X Remove  5) Change Add          | <u>o</u>     | ERNESTINE HILL                                    | SAME AS ABOVE                               |
| × Remove 6) Change Add           | <u>o</u>     | WILLIE CONEY                                      | SAME AS ABOVE                               |
| E. If amending or add            |              | rticles, enter change(s) here:<br>. (Be specific) | <b></b>                                     |
| J 7. X REMOVE                    | o            | BENNIE HILL                                       | SAME AS ABOVE                               |
| 8. X REMOVE                      | 0            | LELIA DEVEAUX                                     | SAME AS ABOVE                               |
| 9. X REMOVE                      | 0            | JENEL COTTMANN-JONES                              | SAME AS ABOVE                               |
| 10. X REMOVE                     | 0            | LAWANDA DORSETT                                   | SAME AS ABOVE                               |
| 11. X REMOVE                     | 0            | KATRINA MONROE                                    | SAME AS ABOVE                               |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

#### **ARTICLE VI**

The affairs of the Corporations shall be conducted by the Board of Directors of the Corporation.

#### **Article VII**

The names and addresses of the officers or directors of the corporation:

Title:

Officer

Title:

Officer

Name:

MITCHELL, JR, DR. W. EDWARD

Name:

ROBERTS, ALBERT

Address:

5129 NW 17<sup>TH</sup> AVENUE

Address:

5129 NW 17<sup>™</sup> AVENUE

City- State-Zip: MIAMI, FL 33142

City- State-Zip: MIAMI, FL 33142

Title:

Officer

Title:

Officer

Name:

WOODARD, CHARLES

Name:

HILL, EARNESTINE

Address:

**5129 NW 17<sup>th</sup> AVENUE** 

Address:

5129 NW 17<sup>™</sup> AVENUE

City-State-Zip: MIAMI, FL 33142

City- State-Zip: MIAMI, FL 33142

Title:

Officer

Title:

Officer

Name:

CONEY, WILLIE

Name:

DAY, MICHAEL A.

Address:

5129 NW 17<sup>™</sup> AVENUE

Address:

5129 NW 17<sup>™</sup> AVENUE

City- State-Zip: MIAMI, FL 33142

City-State-Zip: MIAMI, FL 33142

Title:

Officer

Title:

Officer

Name:

HILL BENNIE

Name:

DEVEAUX, LEUA

Address:

5129 NW 17<sup>™</sup> AVENUE

Address:

5129 NW 17<sup>™</sup> AVENUE

City- State-Zip: MIAMI, FL 33142

City- State-Zip: MIAMI, FL 33142

#### **Article VII Continued**

#### The names and addresses of the officers or directors of the corporation:

Title:

Officer

Title:

Officer

Name:

DORSETT, LAWANDA

Name:

**COTTMAN-JONES, JENELL** 

Address:

5129 NW 17<sup>TH</sup> AVENUE

Address:

5129 NW 17<sup>™</sup> AVENUE

City-State-Zip: MIAMI, FL 33142

City- State-Zip: MIAMI, FL 33142

Title:

Officer

Title:

Officer

Name:

COPELAND, ANTONIA

Name:

Karina Monroe

Address:

5129 NW 17<sup>TH</sup> AVENUE

Address:

5129 NW 17th AVENUE

City- State-Zip: MIAMI, FL 33142

City-State-Zip: MIAMI, FL 33142

#### **ARTICLE IX**

All revenue, proceeds, income, money, property donated or acquired both tangible and intangible, received from the conduct of such church operations shall be used and employed for the promotion and the conduct of the church operation for the payment of all operating expenses, and for the payment of salaries of any employees, which salaries are to be determined by the Board of Directors.

### Article X

Any amendment to the articles of incorporation shall be made by the board of directors at a meeting properly noticed and accordance with the bylaws of the Corporation.

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  |
|---|
| Signature Der W Edward Mithele  |
| (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)  REV DR W. EDWARD MITCHELL, JR |
| (Typed or printed name of person signing)  CEO// CHAIRMAN OF THE BOARD  |

(Title of person signing)