

**N04000005583**

\_\_\_\_\_  
(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



**500251253815**

09/17/13--01007--001 \*\*35.00

**FILED**

13 SEP 17 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
SEP 24 2013  
**EXAMINER**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GOD'S HOLY TEMPLE CHRISTIAN WORSHIP CENTER, INC.

DOCUMENT NUMBER: N04000005583

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

Please return all correspondence concerning this matter to the following:

C/O WINSTON REYNOLDS, PRES. & TREAS

(Name of Contact Person)

GOD'S HOLY TEMPLE CHRISTIAN WORSHIP CENTER, INC.

(Firm/ Company)

4181 S.W. ALICE ST.

(Address)

PORT SAINT LUCIE, FLORIDA 34953-0000

(City/ State and Zip Code)

winston\_preacher@yahoo.com

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

For further information concerning this matter, please call:

Winston Reynolds

(Name of Contact Person)

at ( 754 ) 234-0390

(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

FILED

GOD'S HOLY TEMPLE CHRISTIAN WORSHIP CENTER, INC.

13 SEP 17 PM 1:47

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

N04000005583

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:

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:

Florina H. Safford

(Florida street address)

New Registered Office Address:

3851 NW 7 PL Ft. Laud.

, Florida

33311

(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:

<input checked="" type="checkbox"/> Change	PT	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	V	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	SV	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTDC</u>	<u>WINSTON L REYNOLDS</u>	<u>4181 SW ALICE ST.</u> <u>PORT ST. LUCIE, FL 34953</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPDS</u>	<u>SARAN WILLIAMS</u>	<u>625 SE RIDGELY AVE.</u> <u>PORT ST. LUCIE, FL 34983</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPDS</u>	<u>SHIRLEY A REYNOLDS</u>	<u>4181 SW ALICE ST.</u> <u>PORT ST. LUCIE, FL 34953</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>WINSTON L REYNOLDS</u>	<u>4181 SW ALICE ST.</u> <u>PORT ST. LUCIE, FL 34953</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>CARTER L POWELL</u>	<u>342 SW 34TH TERR.</u> <u>DEERFIELD BEACH, FL 33442</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>ENA F LINDO-POWELL</u>	<u>342 SW 34TH TERR.</u> <u>DEERFIELD BEACH, FL 33442</u>

Type of Action

(check One)

Title

Name

Address

7. ☐ Change

☒ Add

☐ Remove

☐ D ☐

DONALD L HYLTON

260 SW LANDFIELD AVE  
PORT ST LUCIE, FL 34984

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

N A

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

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

FILED

13 SEP 17 PM 1:47

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 9/12/2013

Signature

(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)

Winston Reynolds

(Typed or printed name of person signing)

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA