## N04000006523

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            | <u></u>     |
| (Add                      | ress)            |             |
| (City                     | /State/Zip/Phon  | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| ,                         | •                |             |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



900053645019

05/06/05--01081--015 \*\*52.50

DE MAY -6 PM 2: 27

FILED

2005 MAY - 6 PM 2: 45

SLUNETARY OF STATE
TALLAHASSEE, FLORIDA

Amond

C. Coulliette MAY 0 6 2005

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: FIRE FALL MI  | NISTRIES, INC.   |
|--|--|
| DOCUMENT NUMBER: N04000006523  |  |
| The enclosed Articles of Amendment and fee   | are submitted for filing.  |
| Please return all correspondence concerning th   | is matter to the following:  |
| LISA M. RUSSELL  |  |
| (Name of (   | Contact Person)  |
| FIRE FALL MINISTRIES, INC.   |  |
| (Firm/   | (Company)  |
| 3167 COASTAL HIGHWAY, SUITE B  |  |
| (A   | ddress)  |
| CRAWFORDVILLE, FL 32327  |  |
| (City/ State   | and Zip Code)  |
| For further information concerning this matter,  | please call:   |
| LISA M. RUSSELL  | at ( 850 ) 926-5550  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:  |  |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status                                 | Certified Copy (Additional copy is enclosed)  42 \$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 409 E. Gaines Street Tallahassee, FL 32399                                   |

| 7       | ł |
|---------|---|
| =       | - |
| <u></u> | 1 |
| •       | _ |

## Articles of Amendment to Articles of Incorporation of FIRE FALL MINISTRIES, INC. (Name of corporation as currently filed with the Florida Dept. of State) N04000006523 (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:

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in

## NEW CORPORATE NAME (if changing):

| language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)   |
|--|
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| ADD TO ARTICLE III THE FOLLOWING: "This corporation is organized and operated exclusively for  |
| charitable purposes within the meaning of section 501(c) (3) of the Internal Revenue Code."  |
| "Upon winding up and dissolution of this corporation, after paying or adequately providing for the debts                                       |
| and obligations of the corporation, the remaining assets shall be distributed to a non-profit fund,  |
| foundation, or corporation which is organized and operated exclusively for charitable, educational,  |
| religious, and or scientific purposes and which has established its tax exempt status under section  |
| 501 (c) (3) of the Internal Revenue Code"  |
|  |
|  |
|  |
|  |
|  |
|  |

(Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: April 26, 2005  |
|---|
| Effective date if applicable: April 26, 2005  |
| (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 was sufficient for approval.  |
| There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. |
| Signed this 26th day of April , 2005  |
| Signature   |
| Lisa M. Russell   |
| (Typed or printed name of person signing)   |
| Vice-President  |
| (Title of person signing)   |

A T A #

FILING FEE: \$35