

N 04402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

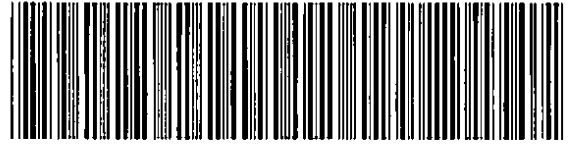
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2017 JUL 24 AM 11:47

CLERK OF COURT
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 28 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pentecostal Full Gospel Worship Center, Inc.,

DOCUMENT NUMBER: N04402

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

Please return all correspondence concerning this matter to the following:

Verna Turner, 5105 North US Hwy 441, Ocala, FL 34475

(Name of Contact Person)

PFGC Worship Center

(Firm/ Company)

5105 North US Hwy 441,

(Address)

Ocala, FL 34475

(City/ State and Zip Code)

verna.turner@pfgcocala.com

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

For further information concerning this matter, please call:

Verna Turner

352

622-8960

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2017

VERNER TURNER
5105 NORTH US HIGHWAY 441
OCALA, FL 34475

SUBJECT: PENTECOSTAL FULL GOSPEL WORSHIP CENTER, INC.
Ref. Number: N04402

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list the title(s) of each officer in your document.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 917A00013452

RECEIVED
2017 JUL 24 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Pentecostal Full Gospel Worship Center, Inc.

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

N04402

(Document Number of Corporation (if known))

FILED

2017 JUL 24 AM 11:47

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:

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: Verna Turner

5105 North US Hwy 441

(Florida street address)

New Registered Office Address:

Ocala

(City)

Florida 34475

(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.

Verna Turner

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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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	<u>V</u>	<u>Tuggerson, Bernard Jr.</u>	<u>5539 SW 83rd Lane</u>
<input type="checkbox"/> Add			<u>Ocala, FL</u>
<input type="checkbox"/> Remove			<u>34476</u>
2) <input type="checkbox"/> Change	<u>AT</u>	<u>Surmons, Elvira</u>	<u>5105 NW 52nd Place</u>
<input type="checkbox"/> Add			<u>Ocala, FL</u>
<input checked="" type="checkbox"/> Remove			<u>34482</u>
3) <input type="checkbox"/> Change	<u>CFO</u>	<u>Christian, Lee</u>	<u>21799 SW 82nd Street</u>
<input type="checkbox"/> Add			<u>Dunnellon, FL</u>
<input checked="" type="checkbox"/> Remove			<u>34481</u>
4) <input type="checkbox"/> Change	<u>TR</u>	<u>Horton, Ozzie</u>	<u>8533 SW 136th Loop</u>
<input type="checkbox"/> Add			<u>Ocala, FL</u>
<input checked="" type="checkbox"/> Remove			<u>34473</u>
5) <input type="checkbox"/> Change	<u>TR</u>	<u>Beard, Michael</u>	<u>8209 SW 1st Place</u>
<input checked="" type="checkbox"/> Add			<u>Gainesville, FL</u>
<input type="checkbox"/> Remove			<u>32607</u>
6) <input type="checkbox"/> Change	<u>TR</u>	<u>Snowden, Benjamin</u>	<u>1330 NE 37th Lane</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, FL</u>
<input type="checkbox"/> Remove			<u>34479</u>

(attach additional sheets, if necessary). (Be specific)

July 20, 2017

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

July 20, 2017

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

July 20, 2017

Dated

Signature

LILLIE TUGGERSON
(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)

Lillie Tuggerson

(Typed or printed name of person signing)

President/Chairman of the Board

(Title of person signing)