

NO5 000000/53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

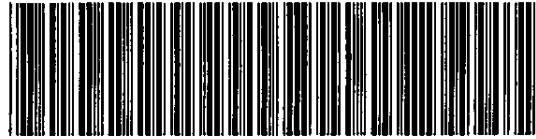
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400081897854

11/28/06--01028--016 **52.50

FILED
06 DEC - 7 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gk N.C

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Willie N. Wylie Memorial Baptist Children Villiage, Inc.

DOCUMENT NUMBER: NO5000000153

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

Please return all correspondence concerning this matter to the following:

Dura Williams

(Name of Contact Person)

Willie N. Eylie Memorial Baptist Children Villiage, Inc.

(Firm/ Company)

2303 Boswell Rd.

(Address)

Bonifay, Fl

32425

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dura Williams

(Name of Contact Person)

at (850) 547-9572

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: See letter # 806a00068962

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2006

DURA WILLIAMS
2303 BOSWELL RD.
BONIFAY, FL 32425

SUBJECT: WILLIE N. WYLIE MEMORIAL BAPTIST CHILDREN VILLAGE, INC.
Ref. Number: N05000000153

We have received your document for WILLIE N. WYLIE MEMORIAL BAPTIST CHILDREN VILLAGE, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong forms were submitted.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6878.

Alan Crum
Document Specialist

Letter Number: 806A00068962

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document number of corporation (if known))

סמ"ח

Liberian Ministries, Inc.

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: November 17, 2006

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 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.

Signature x



(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.)

Carl Hadley

(Typed or printed name of person signing)

President and Director

(Title of person signing)

FILING FEE: \$35