

N/05000004511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ FAX

☐ MAIL



000055811780

06/13/05--01013--027 \*\*35.00

My Name is :Leo Coney  
My Telephone No# is 305-242-1417  
My Address is 14760 S.W. 284th Street Homestead Florida 33033

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

NC  
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6/14/05

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Church Of God Of Homestead Inc.

DOCUMENT NUMBER: NO5000004511 or Ref: Number W05000024944

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

Please return all correspondence concerning this matter to the following:

Leo Coney or Patricia Coney  
(Name of Contact Person)

Last Chance Apostolic Ministries Inc.  
(Firm/ Company)

14760 S.W. 284th Street Homestead Florida 33033  
(Address)

Homestead Florida 33033  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Leo Coney or Patricia Coney at ( 305 ) 242-1417  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** 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)**

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 06-09-05

Effective date if applicable: 07-09-05  
(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 09 day of June, 2005.

Signature Leo Coney President

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Leo Coney

(Typed or printed name of person signing)

(President)

(Title of person signing)

**FILING FEE: \$35**