N05000004550

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
·		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Cassial Instructions to Filing Officer		
Special Instructions to Filing Officer:		
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Amerd nc Newis 1-22-09

COVER LETTER

T0: Amendment Section Division of Corporations

NAME OF CORPORATION: Kingdom	Christian Center International Inc.
DOCUMENT NUMBER: N050000045	50
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Evette McCree	me of Contact Person)
(1NB	me of Conact reison)
Kingdom Christian Center	
	(Firm/ Company)
P.O. Box 262	
	(Address)
Lakeland, FL 33802	
For further information concerning this matt	er, please call:
Evette McCree	at (863) 644-2557
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	at made payable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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

Articles of Inc	corporation JAN 16
Kingdom Christian Cer	enter International Inc
N050000	0004550
(Document Number of Cor	orporation (if known)
cuant to the provisions of section 617.1006, Florida Sta Collowing amendment(s) to its Articles of Incorporation	tatutes, this Florida Not For Profit Corporation adopts on:
If amending name, enter the new name of the corpo	oration:
KELAND EMPOWERMENT CHURCH new name must be distinguishable and contain the reviation "Corp." or "Inc." "Company" or "Co." ma	word "corporation" or "incorporated" or the
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRE</u>	4755 DRANE FIELD ROAD ESS) LAKELAND, FLORIDA 33811
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. BOX 262
	LAKELAND, FLORIDA 33802
If amending the registered agent and/or registered (
new registered agent and/or the new registered office Name of New Registered Agent:	
Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent:	(Florida street address), Florida (City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action			
DIR	BRIDJET L. COLBERT	3783 29TH AVE SOUTH ST. PETERSBURG, FL 33711-3803				
<u>DIR</u>	WALTER L. COLBERT	3783 29TH AVE SOUTH ST_PETERSBURG_FI 33711-3803				
			Add Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
			·			

The date of each amendment(s) adoption: 01/05/2008				
Effective date if applicable:	01/05/2008			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated 01/0 Signature(By	05/2008 The chairman or vice chairman of the board, president or other officer-if directors			
hav	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	EVETTE MCCREE			
	(Typed or printed name of person signing)			
	VICE PRESIDENT			
	(Title of person signing)			