

N05000005511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

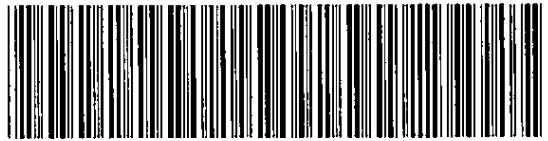
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/15/23--01009--016 **35.00

FILED
2023 FEB 15 AM 10:04
CLERK OF SUPERIOR COURT
JULIENNE L. BELL

Amend

APR 27 2023

D CUSHING

Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, AL 36340

334-684-6398

334-684-7193 -fax

www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

February 8, 2023

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Enclosed you will find: original and one copy of Articles of Amendment to Articles of Incorporation, check for payment and a self addressed & stamped envelope.

Please register the enclosed Articles of Amendment to Articles of Incorporation for OAK GROVE PENTECOSTAL MINISTRIES, INC. **and return the original recorded Articles of Amendment to us in self addressed envelope provided** Cert#: 7020 1290 0002 0274 0750.

Thank you,



Ulli Steiner
Tax Professional Services, LLC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OAK GROVE PENTECOSTAL MINISTRIES, INC.

DOCUMENT NUMBER: N05000005511

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

Please return all correspondence concerning this matter to the following:

Ulli Steiner

(Name of Contact Person)

Tax Professional Services, LLC

(Firm/ Company)

1105 W Maple Ave

(Address)

Geneva, AL 36340

(City/ State and Zip Code)

ulli@taxprollc.com

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

For further information concerning this matter, please call:

Ulli Steiner

(Name of Contact Person)

334

at

684-6398

(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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

FILED
2023 FEB 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

OAK GROVE PENTECOSTAL MINISTRIES, INC.

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

N05000005511

(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:

A. If amending name, enter the new name of the corporation:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Barbara Hobbs

1131 Highway 179

(Florida street address)

New Registered Office Address:

Bonifay

(City)

Florida

(Zip Code)

32425

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.

Barbara Hobbs

Signature of New Registered Agent, if changing

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2023 FEB 15 AM 10:04

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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>Clay Hobbs</u>	<u>691 Austin Rd.</u> <u>Black AL. 36314</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>Scott Jordan</u>	<u>828 County Rd 6</u> <u>Black Alabama. 36314</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Donnie Warren</u>	<u>2133 Goat Hill Rd.</u> <u>Samson, AL. 36477</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Harold Anderson</u>	<u>Anderson Road</u> <u>Bonifay, FL. 32425</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Julian Lindsay</u>	<u>1131 Highway 179</u> <u>Bonifay, FL. 32425</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/T</u>	<u>Barbara Hobbs</u>	<u>1131 Highway 179</u> <u>Bonifay, FL. 32425</u>

E. If amending or adding additional Articles, enter change(s) here:

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

The following officers shall be added:

Zach Gray D 1131 Highway 179; Bonifay, FL. 32425

Jonathan Paul VP 1131 Highway 179; Bonifay, FL. 32425

Thomas Hicks D 1131 Highway 179; Bonifay, FL. 32425

Article III Purpose shall be changed to: Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article IV Manner of Election shall be changed to: The Corporation shall have no voting members. The directors of the Corporation shall be elected in accordance with methods and qualifications specified in the bylaws of the Corporation. In no event, shall the number of directors be fewer than three. No Director shall have any right, title or interest in or to any property of the Corporation.

Article VIII Dissolution shall be added: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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

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.

Dated 2-8-23

Signature Barbara Hobbs
(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)

Barbara Hobbs

(Typed or printed name of person signing)

Secretary/Treasurer