

N 05000005743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

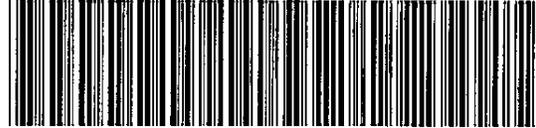
(Business Entity Name)

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EXPIRES DATE
12-1-05

11/28/05--01038--007 **52.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 28 PM 3:24

Name Change
12/02/05
D.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Jacksonville Fellowship of Worship & Intimacy in Christ, Inc.

DOCUMENT NUMBER: N05000005743

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

Please return all correspondence concerning this matter to the following:

D. Andrews

(Name of Contact Person)

(Firm/ Company)

P.O. Box 350807

(Address)

Jacksonville, FL 32235-0807

(City/ State and Zip Code)

For further information concerning this matter, please call:

Daffene Andrews

(Name of Contact Person)

at (904) 237-2302

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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 32399

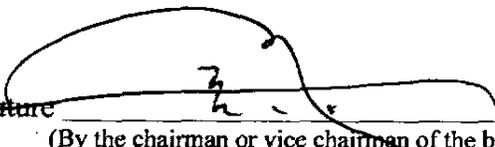
The date of adoption of the amendment(s) was: November 15, 2005

Effective date if applicable: December 1, 2005
(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


(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.)

Dr. Matheus H.P.M. van der Linden

(Typed or printed name of person signing)

Senior Pastor

(Title of person signing)

FILING FEE: \$35