

N05000009022

(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



300289958403

09/19/16--01026--002 **52.50

FILED

16 SEP 19 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*N/C warrants
Vuel*

2/17/16

BL. VORISEK

SEP 2016

BL. VORISEK

SEP 22 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE ACOJ NEW SEASON MINISTRIES, INC.

DOCUMENT NUMBER: NO5 00000 9022

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

Please return all correspondence concerning this matter to the following:

SAMUEL L WASHINGTON
(Name of Contact Person)

THE ACOJ NEW SEASON MINISTRIES, INC.
(Firm/ Company) MAILING ADDRESS

2708 E OSBORNE AVE / P.O. BOX 310427 TAMPA FL 33680
(Address)

TAMPA Florida 33610
(City/ State and Zip Code)

ACOJTAMPA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL L WASHINGTON at 813-598-8466
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input 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 checked="" 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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

THE ACOT NEW SEASON MINISTRIES, INC

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

N05000009022

(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:

NEW SEASON APOSTOLIC MINISTRIES INC.

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)

11302 CRESTLAKE VILLAGE
DR. RIVERVIEW FL 33569

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 310427 TAMPA
FL 33680

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:

SAMUEL L WASHINGTON SR.

11302 CRESTLAKE VILLAGE DR.

(Florida street address)

New Registered Office Address:

RIVERVIEW

(City)

Florida

(Zip Code)

33569

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.



Signature of New Registered Agent, if changing

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>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>PD</u>	<u>SAMUEL WASHINGTON</u>	<u>11302 CRESTLAKE VILLAGE DR. RIVERVIEW FL 33569</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>VD</u>	<u>Yolanda WASHINGTON</u>	<u>11302 CRESTLAKE VILLAGE DR. RIVERVIEW FL 33569</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>STD</u>	<u>SHARRI ELLIS</u>	<u>5803 BITTER ORANGE AVE. TAMPA, FL 33626</u>
4) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>COLLEEN DAYS</u>	<u>1545 OAK STREET LARGO, FL 33778</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>D</u>	<u>KETURAH N MILLS</u> <u>Ed.D</u>	<u>834 HALL STREET CLEARWATER, FL 33756</u>
6) ____ Change ____ Add ____ Remove	_____	_____	_____

ARTICLES OF INCORPORATION

OF

New Season Apostolic Ministries, Inc.

(ARTICLE I.) CORPORATE NAME

New Season Apostolic Ministries, Inc.

(ARTICLE II.) PRINCIPLE OFFICE

The Principle place of business for this corporation is 11302 Crestlake Village Drive, Riverview, Florida 33569 and the mailing address is P.O. Box 310427, Tampa, Florida 33680

(ARTICLE III.) PURPOSE OF CORPORATION

The Purpose of this corporation is to promote the teachings of the Lord Jesus Christ and to spread good will to all mankind. To train, license, ordain and send forth ministers of the gospel of Jesus Christ while holding steadfast to the Apostles Doctrine. To establish a place for worshipping God in spirit and in truth. To provide Christian rules of conduct as outlined in the Holy Bible. To enhance the lives of believers of Jesus Christ through sermons, lectures, seminars, bible studies, sunday school and worship services. All monies collected are to be used to cover overhead expenses and the balance to be used to further the mission of reaching the lost for Jesus Christ through various efforts.

(ARTICLE IV.) BOARD of DIRECTORS

The manner in which the directors of the corporation will be as follows: The President of the corporation will make all appointments to the Board and the members will remain for life unless their life proves detrimental to the mission and vision of the ministry (corporation) or unless they choose to voluntarily resign. The number of directors,

constituting the Board will be four (4). The names and addresses of the persons who are to serve as directors are:

General Overseer and President
Pastor Samuel Washington
11302 Crestlake Village Drive
Riverview, Florida 33569

Secretary/Treasurer/Director: Sharri Elis
5803 Bitter Orange
Tampa, Florida 33625

Vice President and Director:
Yolanda Washington
11302 Crestlake Village Drive
Riverview, Florida 33569

Director: Keturah Mills
834 Hall Street
Clearwater, Florida 33756

(ARTICLE V.) CORPORATE POWERS

The President and Board of Directors shall have full exercise of all power necessary to carry out the purpose and objectives of this corporation #N05000009022 in accordance with Florida statutes.

(ARTICLE VI.) DURATION OF CORPORATION

No changes

(ARTICLE VII.) DISSOLUTION OF CORPORATION

No changes.

(ARTICLE VIII.) INITIAL REGISTERED AGENT AND OFFICE

No changes.

(ARTICLE IX.) INCORPORATOR

No changes.

The date of each amendment(s) adoption: SEPTEMBER 16, 2016, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 16, 2016
(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 SEPTEMBER 15, 2016

Signature Samuel Lee Washington
(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)

SAMUEL LEE WASHINGTON
(Typed or printed name of person signing)

PRESIDENT / PASTOR
(Title of person signing)