

N05000012090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

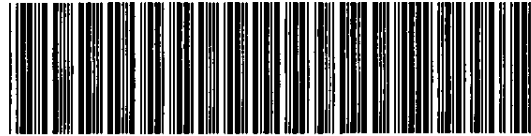
(Business Entity Name)

(Document Number)

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Name Change  
& amend

01/06/12--01024--016 \*\*35.00

FILED  
2012 FEB -7 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
2/8/12

\*00789, 02545, 02976, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2012

Letriona Carter  
P.O. Box 997  
Bunnell, FL 32110

SUBJECT: FAITH, HEALING & DELIVERANCE INTERNATIONAL OUTREACH  
MINISTRIES, INC.  
Ref. Number: N05000012090

We have received your document for FAITH, HEALING & DELIVERANCE INTERNATIONAL OUTREACH MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is N09000008722.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 912A00000494

RECEIVED

12 FEB -7 AM 9:02

TALLHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FAITH, HEALING & DELIVERANCE INTERNATIONAL OUTREACH MINISTRIES, INC

DOCUMENT NUMBER: N05000012090

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

Please return all correspondence concerning this matter to the following:

**LETRIONA S. CARTER**

(Name of Contact Person)

**FAITH, HEALING & DELIVERANCE INTERNATIONAL OUTREACH MINISTRIES, INC**

(Firm/ Company)

**2900 INTERNATIONAL SPEEDWAY**

(Address)

**DAYTONA BEACH, FL 32124**

(City/ State and Zip Code)

**FHDIOM@YAHOO.COM**

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

For further information concerning this matter, please call:

**LETRIONA S CARTER**

(Name of Contact Person)

at ( **386** ) **275-3865**

(Area Code & Daytime Telephone Number)

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

- \$35 Filing Fee Certificate of Status enclosed)
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
- \$52.50 Filing Fee Certified Copy 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

FILED

MINISTRIES SAMC: 04  
2012 FEB

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAITH, HEALING & DELIVERANCE INTERNATIONAL OUTREACH

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

N05000012090

(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:**

**KINGDOM TABERNACLE OF PRAISE 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**)

2900 INTERNATIONAL SPEEDWAY

DAYTONA BEACH, FL 32124

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

P O BOX 997

BUNNELL, FL 32124

**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:* \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

*New Registered Office Address:*

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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:

Change            PT     John Doe  
 Remove            V       Mike Jones  
 Add                SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>TIJUANA ORR</u>	<u>2900 INT'L SPEEDWAY</u> <u>DAYTONA BEACH FL 32124</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: DECEMBER 28, 2011

Effective date if applicable: DECEMBER 28, 2011

*(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(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 JANUARY 30, 2012

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)

LETRIONA S CARTER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)