

N05600012887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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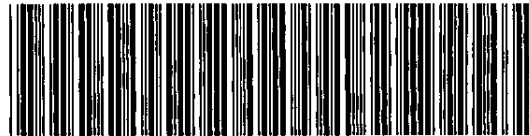
(Business Entity Name)

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SECURITY STATE
TALLAHASSEE, FLORIDA

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C. MUSTAIN



October 23, 2012

Amendment Section
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

RE: Articles of Amendment of Articles of Incorporation
of Word of Truth Ministry, Inc.
EIN #06-1762883
Document # N05000012887

Nonprofit Corporation Act of the State of Florida, the undersigned Corporation adopts Articles of Amendment to its Articles of Incorporation.

The Amendment to the Articles of Incorporation was adopted by the Directors of the Corporation October 19th, 2012, in the manner prescribed by the laws of the State of Florida.

Therefore, the Articles of Incorporation of the Corporation are hereby amended to read as follows:

1. RESOLVED:

Article I of the Articles of Incorporation of the Word of Truth Deliverance Ministry, Inc. be amended as follows:

“The name of Corporation shall be Word of Truth Deliverance Ministries, Inc.”.

2. The above Article of Amendment to the Articles of Incorporation has been adopted by a by the vote of all Directors at a regular meeting held on October 19, 2012, at which a quorum was present as required by the laws of the State of Florida and the By-laws of the Word of Truth Deliverance Ministry, Inc. There are no members have voting rights.

Dated this 23rd day of October, 2012.

Word of Truth Deliverance Ministry, Inc.

By: 
Sonja Tucker-Young, President/Pastor

STY: arc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Word of Truth Deliverance Ministry, Inc.

DOCUMENT NUMBER: N05000012887

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

Please return all correspondence concerning this matter to the following:

Sonja Tucker-Young

(Name of Contact Person)

Word of Truth Deliverance Ministry, Inc.

(Firm/ Company)

Post Office Box 172725

(Address)

Hialeah, Florida 33017

(City/ State and Zip Code)

pastorsonja@gmail.com

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

For further information concerning this matter, please call:

Sonja Tucker-Young

(Name of Contact Person)

at (305) 788-1838

(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

Word of Truth Deliverance Ministry, Inc.

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

N05000012887

(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:

Word of Truth Deliverance 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)

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: _____

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

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			_____
<input type="checkbox"/> Remove			_____
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			_____

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

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

Second: Amendment adopted: Article One being amended; and being added to previous articles.

The date of each amendment(s) adoption: Oct 23, 12

Effective date if applicable: _____
(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 October 23, 2012

Signature Sonja Tucker-Young
(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)

Sonja Tucker-Young

(Typed or printed name of person signing)

President/Pastor

(Title of person signing)