

110600000082

(Requestor's Name)

**FOOD SHELTER HEALTH MINISTRY**  
11110 W. OAKLAND PARK BLVD., SUITE 377  
SUNRISE, FL 33351

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

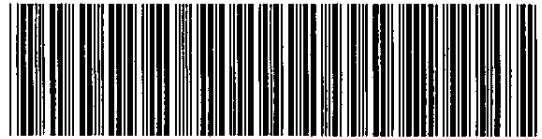
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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NOV 10 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Approved*  
*SG*

11-14-08

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2008 NOV 10 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Food Shelter Health Ministry Inc.

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

N06000000082

(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:**

N/A

*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**)

N/A

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

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

N/A

**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:

N/A

New Registered Office Address:

N/A

(Florida street 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

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Director</u>	<u>Grace Walker</u>	<u>11110 W Oakland Park</u> <u>Bld. #377</u> <u>Sunrise Florida 33351</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Reme Patrick</u>	<u>11110 W Oakland Park</u> <u>Bld#377</u> <u>Sunrise Florida 33351</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Girvan G. Cooper</u>	<u>11110 W Oakland Park</u> <u>Bld#377</u> <u>Sunrise Florida 33351</u>	<input checked="" 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)*

Change Title to: Director

Daphne Smith. 11110 W Oakland Park Blvd#377 Sunrise Florida 33351

Change Title to: Director

Venard Smith. 11110 W Oakland Park Blvd#377 Sunrise Florida 33351

Change Dissolution Clause To:

ARTICLE IX: DISSOLUTION CLAUSE

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRI-  
BUTED TO APOSTOLIC CHURCH OF GOD 7TH DAY AND WORLDWIDE MISSIONS  
OUTREACH FOR PUBLIC PURPOSE, WHICH MUST HAVE EXEMPTION STATUS  
501(C)(3) AT THE TIME OF DISSOLUTION TAKES PLACE WITH FOOD SHELTER  
HEALTH MINISTRY INC.

The date of each amendment(s) adoption: 11/03/2008

Effective date if applicable: 11/03/2008

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

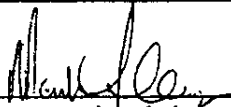
**(CHECK ONE)**

☒ 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 11/03/2008

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)

Marsha Thompson

(Typed or printed name of person signing)

President

(Title of person signing)