

NO6000005344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

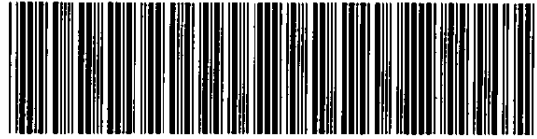
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Anne D*  
C.COULLIETTE

JUL 30 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Sweet Hope Ministries, Inc.

**DOCUMENT NUMBER:** N06000005344

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

Please return all correspondence concerning this matter to the following:

Alfred Smith  
Name of Contact Person

Sweet Hope Ministries, Inc.  
Firm/ Company

P.O. Box 1442  
Address

Live Oak, FL 32064  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Alfred Smith at (386) 362-2463  
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:

☐ \$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 32301

**Articles of Amendment  
to  
Articles of Incorporation  
of**

Sweet Hope Ministries, Inc.

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

N06000005344

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street 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

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**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>
CEO	Alfred Smith	426 Johnson Blvd Live Oak, FL 32064	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VPD	Theresa Smith	426 Johnson Blvd Live Oak, FL 32064	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VPD	Brother Donnie Allen	808 Harrell Ave Live Oak, FL 32064	<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)*

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

SWEET HOPE MINISTRIES, INC.  
P.O. BOX 1442  
LIVE OAK, FL 32064  
382-362-2463

**N06000005344      Changes for Officers and Directors**

**Add**

**Directors:** Reverend Herman J. Boone, Sr  
2346 SW 3<sup>rd</sup> St  
Ocala, Fl 34474  
352-598-7722

Brother Alfred Smith  
426 Johnson Blvd.  
Live oak, Fl 32064  
386- 362-2463 Cell: 386-867-9252

Brother Donnie Allen  
808 Harrell Avenue NW  
Live Oak, Fl 32064  
386-365-0470

Sister Theresa B. Smith  
426 Johnson Blvd.  
Live Oak, Fl 32064  
386-362-2463

Brother Larry Butler  
5570 Bulb Farm Road  
Wellborn, Fl 32094  
386-208-2438

Sister Chineta Butler  
5570 Bulb Farm Road  
Wellborn, Fl 32094  
386-963-2720

Sister Francene Brown  
1011 6<sup>th</sup> SW  
Live Oak, Fl 32064

N06000005344      Changes for Officers and Directors

**Add**

**Officer:** Brother Larry Butler  
5570 Bulb Farm Road      Treasurer  
Wellborn, Florida  
386-208-2438

The date of each amendment(s) adoption: June 11, 2009  
(date of adoption is required)

Effective date if applicable: July 25, 2009  
(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 July 22, 2009

Signature Alfred Smith  
(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)

Alfred Smith  
(Typed or printed name of person signing)

Pres./Director  
(Title of person signing)