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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

DIVISION OF COMPONENTS
NAME OF CORPORATION: Greater Works Ministries of Chiefland
DOCUMENT NUMBER: W 170000 21327
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Bryant (Name of Contact Person)
Greater Works Ministries of Chiefland, FL (Firm/Company)
D. D. Box 1202
(Address)
Bronson, FL 3262 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Bry aut at 352-495-9246 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$64 Certificate of Status \\ (Additional copy is enclosed) \\ (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



March 15, 2017

GREATER WORKS MINISTRIES OF CHIEFLAND FL P.O. BOX 32612 BRONSON, FL 32621

We have received your document for GREATER WORKS MINISTRIES OF CHIEFLAND FL and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Valerie Herring Regulatory Specialist II

Letter Number: 117A00004826

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

Elohim Praise, Word	nip and Del	liverance	Urnish	ries,
(Name of Corporation as cu	rrently filed with the Flori	da Dept. of State)		-r
(Document N	lumber of Corporation (if kn	own)		
suant to the provisions of section 617.1006, Florida St endment(s) to its Articles of Incorporation:	catutes, this <i>Florida Not For</i>	Profit Corporation a	dopts the follow	<i>x</i> ing
If amending name, enter the new name of the corp	oration:			
reater Works Ministrie	129th 20 e	and, FL,	Inc. The	new
ne must be distinguishable and contain the word "corporpany" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation	"Corp." or "In	ıc. "
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRI</u>	ESS.)			
				<u> </u>
Enter new mailing address, if applicable:			=======================================	SE6
(Mailing address MAY BE A POST OFFICE BOX)		·		<u> </u>
			5	OF A
			3	\$90°
			5	STA
If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the	<b>្</b> រូម	<b>3</b>
			7	
Name of New Registered Agent:				
	(Fic	rida street address)		
New Registered Office Address:	·	•		
<u></u>		, Florida		
	(City)	(Zip	Code)	
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I a		the obligations of the	position.	
	Signature of New Registe	ered Agent, if changin	<u> </u>	<del></del>

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:  X Change X Remove X Add	PT         John De           V         Mike Je           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove  2) Change			
Add			
3) Change		<del></del>	
Remove			
4) Change Add			
Remove 5) Change			
Add			
Remove 6) Change	-		
Add	<del></del> _		

<mark>If amending or adding a</mark> attach additional sheets, į	f necessary). (B	le specific)				
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: Mayon 13, 2517  (no more than 90 days after amendment file date	2)
Note: If the date inserted in this block does not meet the applicable statutory filing required 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 was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
Dated Morch 13, 2017	
Signature	•
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a recother court appointed fiduciary by that fiduciary)	
Curlis D. Stacy	
(Typed or printed name of person signing	ng)
Pastor Chairman	
(Title of nerson signing)	