

N06000010297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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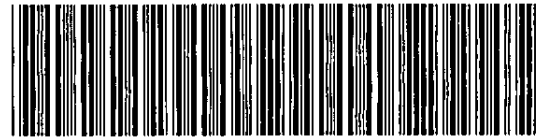
(Business Entity Name)

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DIVISION OF CORPORATIONS
16 JUL 27 PM 3:58

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JUL 06 2016
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2016

SHONDA SWAIN
GOD'S LOVE OF FAITH ASSEMBLY, INC.
3541 E. FORT KING STREET #247
OCALA, FL 34470

SUBJECT: GOD'S LOVE OF FAITH ASSEMBLY INC.
Ref. Number: N06000010297

RECEIVED
DIVISION OF CORPORATIONS
16 JUL 20 PM 3:59

We have received your document for GOD'S LOVE OF FAITH ASSEMBLY 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 016A00014182

RECEIVED
16 JUL 20 PM 1:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: God's Love of Faith Assembly, Inc

DOCUMENT NUMBER: N06000010297

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

Please return all correspondence concerning this matter to the following:

Shonda Swain

(Name of Contact Person)

New Visions Ministries, Inc

New Visions Ministries of Florida, Inc
(Firm/ Company)

3541 E Fort King Street #247

(Address)

Ocala, FL 34470

(City/ State and Zip Code)

newvisionsministries2016@gmail.com

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

For further information concerning this matter, please call:

Shonda Swain

305

793-6245

at

(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:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 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

FILED
DIVISION OF CORPORATIONS
16 JUL 27 PM 3:59

Articles of Amendment
to
Articles of Incorporation
of

God's Love of Faith Assembly, Inc

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

N06000010297

(Document Number of Corporation (if known))

STATE OF FLORIDA
DIVISION OF CORPORATIONS
18 JUL 27 PM 3:59

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:

New Visions Ministries, Inc

New Visions Ministries of Florida 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)

NA 3541 E. Fort King Street #247
Ocala, FL 34470

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3541 E. Fort King Street #247

Ocala, FL 34470

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:

NA

(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

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 checked="" type="checkbox"/> Remove	<u>LO</u>	<u>Marvin O Jenkins</u>	<u>313 Summerset Drive</u> <u>Jacksonville, FL 32259</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>FO</u>	<u>Deborah Williams-Watson</u>	<u>3620 Bridgewood Drive</u> <u>Jacksonville, FL 32277</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CO</u>	<u>William Watson ESR</u>	<u>4835 Hatteras Road</u> <u>Jacksonville, FL 32208</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>BOM</u>	<u>Christine Watson</u>	<u>4835 Hatteras Road</u> <u>Jacksonville, FL 32208</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Vandale Denard Martin</u>	<u>2108 sw 70th Terrace</u> <u>Gainesville, FL 32606</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>Jarvis Watson</u>	<u>3620 Bridgewood Drive</u> <u>Jacksonville, FL 32277</u>

Non Profit Amendment God's Love of Faith Assembly, Inc
N06000010297

Type of Action	Title	Name	Address
1) Add	CEO	Shonda Swain	3541 E Fort King Street #247 Ocala, FL 34470
2) Add	T	Carrie Martin	2108 sw 70 th Terrace Gainesville, FL 32606
3) Add	D	Russell Moore	8203 NW 31 st Ave Apt C-16 Gainesville, FL 32606

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article IV: Manners of Election

Section 4.3: The Board of Directors Consists of the following:

Director

Chief Executive Officer

Chief Operations Officer

President

Treasurer

Secretary

NA

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

NA

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 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 June 20, 2016

Signature J arvis J . Watson

(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)

Jarvis J. Watson

(Typed or printed name of person signing)

Presiding Officer

(Title of person signing)