

N07000005961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-59775

Office Use Only



400252717984

Amend

10/25/13--01011--003 **70.00

FILED
2013 NOV 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
12/2/13

November 23, 2013

JACQUELINE COLLINS
2250 NW PADOVA ST.
PORT ST. LUCIE, FLORIDA 34986

SUBJECT: ST. JOHN AFRICAN METHODIST EPISCOPAL CHURCH, INC
DOCUMENT NUMBER: N07000005961

RECEIVED

13 NOV 27 PM 12:37

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AMENDMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314

This is the corrected form for filing for change of pastor/president and officers of St. John African Methodist Episcopal Church, Inc.

I understand there is a fee total for filing for amendment of \$35.00 dollars. A check of \$70.00 was sent to you with the first form which was incorrect.

The purpose of this filing is for change of registered agent, and officers.

Jacqueline Collins, Pastor

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Saint John African Methodist Episcopal Church, Inc.

DOCUMENT NUMBER: N07000005961

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

Please return all correspondence concerning this matter to the following:

Jacqueline Collins

(Name of Contact Person)

Saint John African Methodist Episcopal Church, Inc.

(Firm/ Company)

2250 NW Padova St.

(Address)

Port Saint Lucie, FL 34986

(City/ State and Zip Code)

jaminist4@aol.com

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

For further information concerning this matter, please call:

Jacqueline Collins

(Name of Contact Person)

at 954- 483-3886

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

Saint John African Methodist Episcopal Church, Inc.

2013 NOV 27 PM 3:39

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

N07000005961

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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:

Jacqueline Collins

595 NW 24th Ave.

(Florida street address)

New Registered Office Address:

Pompano Beach

(City)

Florida 33066

(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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pastor/President</u>	<u>Jacqueline Collins</u>	<u>2250 NW Padova St.</u> <u>Port Saint Lucie, FL 34986</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Pastor/President</u>	<u>Vernon Miller C</u>	<u>595 NW 24th Ave.</u> <u>Pompano Beach, FL 33066</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Steward</u>	<u>Rosa M. Bozeman</u>	<u>3210 NW 5th St.</u> <u>Lauderhill, FL 33311</u>
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Steward/Secretary</u>	<u>Janell W. Glover</u>	<u>595 NW 24th Ave.</u> <u>Pompano Beach, FL 33066</u>
5) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Steward</u>	<u>Wadrine Boyd</u>	<u>2532 NW 4th Ct.</u> <u>Pompano BEACH, FL 33069</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Secretary/Steward</u>	<u>Morning-Lewis Patricia</u>	<u>2730 SW 1st St.</u> <u>Ft. Lauderdale, FL 33312</u>

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

Change- X: Remove- X: Title- Steward : Name- Miller Rosa: Address: 15941 NW 18th Place
Miami Gardens, FL 33054

Change-X: Remove-X: Title- Steward: Name- Glover Vernell W.-
Address: 3200 NW 5th Ter. Unit 36 Pompano Beach, FL 33064

The date of each amendment(s) adoption: 11/ 23/2013, if other than the date this document was signed.

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 11/23/2013

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)

Jacqueline Collins

(Typed or printed name of person signing)

Pastor/President

(Title of person signing)