

N070000008427

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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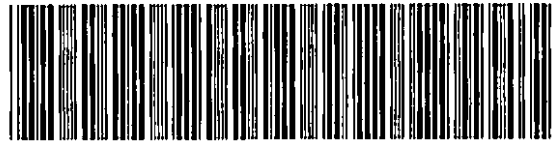
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** House of Prayer Non - Denominational Church of Belle Glade . Inc.

**DOCUMENT NUMBER:** N07000008427

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

Please return all correspondence concerning this matter to the following:

Dr. Wilhelmenia Jacobs

(Name of Contact Person)

Mount Olive Missionary Baptist Church of South Bay, Inc.

(Firm/ Company)

13820 Sheffield Street

(Address)

Wellington, Florida 33414

(City/ State and Zip Code)

wjacob@bellsouth.net

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

For further information concerning this matter, please call:

Dr. Wilhelmenia Jacobs

(561)

329 - 5373

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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

House of Prayer Non - Demoninational Church of Belle Glade, Inc.

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

N07000008427

(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:**

Mount Olive Missionary Baptist Church of South Bay, 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)*

1424 West Canal Street South

Belle Glade, Florida 33430

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

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

Post Office Box 1756

Belle Glade, Florida 33430

**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:

Dr. Wilhelmenia Jacobs

13820 Sheffield Street

(Florida street address)

New Registered Office Address:

Wellington

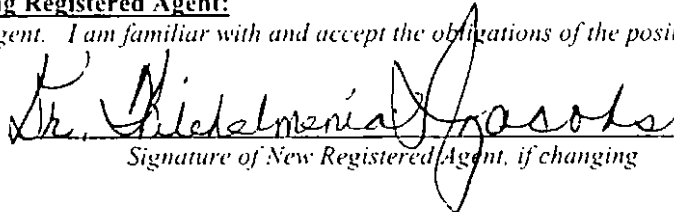
(City)

Florida 33414

(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 checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>Rev. Dr. Michael Davis</u>	<u>11936 Northwest 19th Avenue</u> <u>Miami, Florida 33167</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Rev. Randy Lamar Burden, Jr.</u>	<u>930 Northwest 4th Street</u> <u>Belle Glade, Florida 33430</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Deacon Johnny E. Atkins</u>	<u>Post Office Box 2816</u> <u>Clewiston, Florida 33440</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Dr. Lakisha Burden</u>	<u>930 Northwest 4th Street</u> <u>Belle Glade, Florida 33430</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>Dr. Wilhelmenia Jacobs</u>	<u>13820 Sheffield Street</u> <u>Wellington, Florida 33414</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Brenda Staples</u>	<u>692 Southwest 8th Street</u> <u>Belle Glade, Florida 33430</u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

1. If any changes occur within the corporation or church business the Board of Directors will vote first. In the event of a tie -

2. Removal of one of the Board of Directors must be discussed with all of the Board of Directors for a vote.

3. Any changes to/on bank accounts, purchases, pastor committee, name changes, corporation changes, alterations on financial

**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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>      </u> Change	<u>T</u>	<u>Deacon George Anderson</u>	<u>515 West Haiti Avenue</u>
<u>X</u> <u>      </u> Add			<u>Clewiston, Florida 33440</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>T</u>	<u>Jra'Quanda Coney</u>	<u>258 Northwest 9th Avenue</u>
<u>      </u> Add			<u>South Bay, Florida 33493</u>
<u>X</u> <u>      </u> Remove			<u>104 Runyon Village</u>
3) <u>      </u> Change	<u>TR</u>	<u>Jacqueline Golden</u>	<u>Belle Glade, Florida 33430</u>
<u>      </u> Add			
<u>X</u> <u>      </u> Remove			
4) <u>      </u> Change	<u>TR</u>	<u>Rosa Donaldson</u>	<u>1032 Southwest Avenue I'</u>
<u>      </u> Add			<u>Belle Glade, Florida 33430</u>
<u>X</u> <u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

4. If the President, Pastor, Vice - President, Assistant Pastor, Associate Pastor, Chairperson, Trustee, Secretary, Treasurer and

5. There can be a exercising or changing the By - Laws of Mount Olive Missionary Baptist Church of South Bay, Inc. witho

The date of each amendment(s) adoption: June 16, 2021, if other than the date this document was signed.

Effective date if applicable: AUGUST 02, 2021  
(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 16, 2021

Signature

Dr. Wilhelmenia Jacobs

(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)

Dr. Wilhelmenia Jacobs

(Typed or printed name of person signing)

Secretary/Registered Agent

(Title of person signing)