N0700008427

(Re	equestor's Name)	
(Ac	ddress)	
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(Cr	ty/State/Zip/Phon	e #)
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2022 MAY 27 PH 12: 34

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Ion-Demoninational Church of Belle Glade, Inc
N07000008427 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Dr. Wilehelmenia Jacobs	
	(Name of Contact Person)
Mount Olive Missionary Baptist Church of South E	Bay, Inc
	(Firm/ Company)
13820 Sheffield Street	
	(Address)
Wellington, Florida 33414	
	(City/ State and Zip Code)
wjacob@bellsouth.net	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Dr. Wilehelmenia Jacobs	561-329-5373
(Name of Contact Perso	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	© □\$43.75 Filing Fee & □\$52.50 Filing Fee S 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	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

House of Prayer Non - Demoninational Church of Belle Glades, Inc

EILED 2022 MAY 27 PM 12: 34

(Name of Corporation as currently filed with the I	Sorida Dept. of State)	SECRETION FOR STATE
N07000008427		TALLAHAS SESTATE
(Documer	nt Number of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not i	For Profit Corporation adopts the following
A. If amending name, enter the new name of the e	orporation:	
Mount Olive Missionary Baptist Church of South Bay	y, Inc	The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporal	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	e: 1424 West Canal S	treet South
(Principal office address MUST BE A STREET AD		a 33430
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	P O Box 1756	
	Belle Glade, Florida	1 33430
D. If amending the registered agent and/or registered new registered agent and/or the new registered		a, enter the name of the
Name of New Registered Agent:	r, Wilehelmenia Jacobs	
	424 West Canal Street South	
<u>New Registered Office Address:</u>		Florida street address)
В	elle Glade	, Florida 33430
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agents		or the obligations of the position.
, 010	Signature of New Regi	stered 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Dr. Michael Davis	Post Office Box 694133 Miami, FL 33269
Remove			
2) Change Add	<u>P</u>	Rev. Randy Burden, Jr.	930 Northwest 4th Street Belle Glade, Flroida 33430
Remove	<u>s</u>	Dr. Wilehelmenia Jacobs	13820 Sheffield Street Wellington, Florida 33414
4) Change Add	<u>S</u>	Brenda Staples	692 Southwest 8th Street Belle Glade, Florida 33430
× Remove			
5) Change × Add	<u>T</u>	George Anderson	515 West Haiti Avenue Clewiston, Florida 33440
Remove			
6) Change Add	<u>T</u>	Jra'Quanda Coney	258 Northwest 9th Avenue South Bay, Florida 33493
× Remove			
_	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
1. If there are any change	es made within the	corporation or church business the Board of	Directorswill vote first.
2. Before any Board of I	Directors be remov	ed, there miust be a discussion with the Boar	d of Directors then comes the vote.

3. Any changes to or on any of the bank accounts, purchases, pastor commottee, name changes, corporation changes or

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	С	Johnny Atkins	Post Office Box 2816
X Add			Clewiston, Florida 33430
Remove			
2) Change	V	Dr. Lakisha Burden	930 Northwest 4th Street
Add			Belle Glade, FLorida 33430
X Remove	TR	Jacqueline Golden	104 Runyon Village Belle Glade, Florida 33430
Add			
X Remove			
4) Change	TR	Rosa Donaldson	1032 Southwest Avenue F
Add			Belle Glade, Florida 33430
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	May 16, 2022		18 d d d
ne date of each amendment(s) acte this document was signed.	option:		, if other than the
_	June 1, 2022		
fective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)	
ote: If the date inserted in this blo	ck does not meet the applicable sta		late will not be listed as the
loption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac	lopted by the members and the nur	nber of votes east for the amend	ment(s)

Dated	2.2022 A	
have not	chairman or vice chairman of the board, president of ther officer-if directors of been selected, by an incorporator – if in the hands by a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	Dr. Wilehelmenia Jacobs	
	(Typed or printed name of person signing)	
	Registered Agent/Secretary	
	(Title of person signing)	

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