

N070000008427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

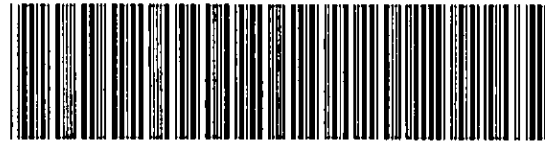
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2023

MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF SOUTH BAY
13820 SHEFFIELD STREET
WELLINGTON, FL 33414

SUBJECT: MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF SOUTH BAY,
INC.
Ref. Number: N07000008427

We have received your document for MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF SOUTH BAY, 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):

Please list the street address City, State and Zip Code for the Officers/Directors.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 023A00000838

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mount Olive Missionary Baptist Church of South Bay, 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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Mount Olive Missionary Baptist Church of South Bay, 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:

N/A

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)

13820 Sheffield Street

Wellington, Florida 33414

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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Rev. Randy Burden, Jr.	
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Rev. Michael Davis	Post Office Box 694133 Miami, Florida 33249
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	T	Jra'Qunda Conev	
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Deacon George Anderson	515 Steph Algiti Avenue Clewiston, Florida 33440
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	C	Deacon Johnny Atkins	Post Office Box 2816 Clewiston, Florida 33440
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Dr. Wilhelmenia Jacobs	13820 McKield Street Clewiston, Florida 33414

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

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

VP Deacon Cobb Lymon

534 Steph Trinidad Avenue
Clewiston, Florida 33440

☐ 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 October 4, 2022

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)

Registered Agent Secretary
(Title of person signing)

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