

NO7000011883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

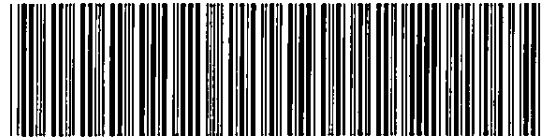
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000423424510

NC 04/24--01020-003 **35.00

ML

2-15-24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2024

KEVIN D. OWENS, PASTOR
1781 NW 69TH TERRACE
MIAMI, FL 33147

SUBJECT: WALKER TEMPLE, CHURCH OF GOD IN CHRIST, INC.
Ref. Number: N07000011883

We have received your document for WALKER TEMPLE, CHURCH OF GOD IN CHRIST, 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 check the action you are taking with each officer.

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) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 824A00003972

REC
3-15

Walker Temple, Church Of God In Christ, Inc.
FEI/EIN Number 26-1611476

Amendment Section
Division Of Corporations

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM

ONEUNITED BANK 8102
63-478
CHECK A
2/3/2024

WALKERS TEMPLE CHURCH 10-99
OF GOD IN CHRIST
1781 NW 69TH TERRACE
MIAMI FL. 33147
PH. 305-836-3629

PAY TO THE ORDER OF Florida Department of State \$ 35.00
Thirty-Five and 00/100

Florida Department of State

MEMO Amendment Fee

VALID VALID
VALID VALID
VALID VALID
VALID VALID
AUTHORIZED SIGNATURE

008102 067006762 2117131706

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WALKER TEMPLE, CHURCH OF GOD IN CHRIST, INC.

DOCUMENT NUMBER: 26-1611476

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

Please return all correspondence concerning this matter to the following:

KEVIN D. OWENS, PASTOR

(Name of Contact Person)

WALKER TEMPLE, CHURCH OF GOD IN CHRIST, INC.

(Firm/ Company)

1781 NW 69th. TERRACE

(Address)

MIAMI FLORIDA 33147

(City/ State and Zip Code)

KOTHEWORKS49@GMAIL.COM

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

For further information concerning this matter, please call:

KEVIN D. OWENS, PASTOR

954

300-7884

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

WALKER TEMPLE, CHURCH OF GOD IN CHRIST, INC.

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

26-1611476

(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:

_____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:

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (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	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	FRAN TOLBERT	5474 South Sterling Ranch Circle Davie Florida 33314
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	DAVIS, DELORIS	1781 NW 69th TERRACE MIAMI FLORIDA 33147
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	RAMONA HARDY	1781 NW 69th TERRACE MIAMI FLORIDA 33147
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

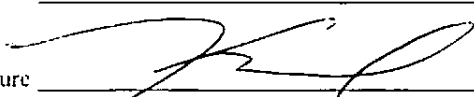
The date of each amendment(s) adoption: FEBRUARY 6, 2024, if other than the date this document was signed.

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.

☐ 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 FEBRUARY 6, 2024

Signature  Pastor
(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)

KEVIN D. OWENS

(Typed or printed name of person signing)

REGISTERED AGENT/PASTOR

(Title of person signing)