

ND80000006292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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10/19/16--01012--010 **35.00

FILED

2016 OCT 31 PM 3:16

RECEIVED OCT 31 2016

Amend

OCT 31 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ABA Disaster Relief Ministry, Inc.

DOCUMENT NUMBER: N08000006292

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

Please return all correspondence concerning this matter to the following:

Elaine Jackson

(Name of Contact Person)

ABA Disaster Relief Ministry, Inc.

(Firm/ Company)

3210 Avenue G NW

(Address)

Winter Haven, FL 33880

(City/ State and Zip Code)

ej916@msn.com

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

For further information concerning this matter, please call:

Elaine Jackson

(Name of Contact Person)

at (912) - 423 0111

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
(Previously Sent)
- ☐ \$43.75 Filing Fee &
Certificate of Status
- ☐ \$43.75 Filing Fee &
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2016

ELAINE JACKSON
ABA DISASTER RELIEF MINISTRY INC
3210 AVENUE G NW
WINTER HAVEN, FL 33880

SUBJECT: ABA DISASTER RELIEF MINISTRY, INC
Ref. Number: N08000006292

We have received your document for ABA DISASTER RELIEF MINISTRY, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 816A00022573

Articles of Amendment
to
Articles of Incorporation
of

ABA Disaster Relief Ministry, Inc.

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

N08000006292

(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)

3210 Avenue G NW

Winter Haven, FL 33880

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3210 Avenue G NW

Winter Haven, FL 33880

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:

Walter Lanier

3210 Avenue G NW

(Florida street address)

New Registered Office Address:

Winter Haven

(City)

Florida 33880

(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.

Walter Lanier

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|-----------------------------------------------|----------|-----------------------|-------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>John C Hancock</u> | <u>4008 NW 156 Ave</u> |
| <input type="checkbox"/> Add | | | <u>Gainesville, FL 32653</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>Walter Lanier</u> | <u>406 W Lake Deer Dr</u> |
| <input type="checkbox"/> Add | | | <u>Winter Haven, FL 33880</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>V</u> | <u>Paul Stansell</u> | <u>114 Coleman Rd.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Winter Haven, FL 33880</u> |
| <input type="checkbox"/> Remove | | | |
| 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)

N/A

The date of each amendment(s) adoption: 10/17/16, if other than the date this document was signed.

Effective date if applicable: _____
(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 10/28/2016

Signature Elaine Jackson
(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)

Elaine Jackson
(Typed or printed name of person signing)

Executive Secretary
(Title of person signing)