

NO8000007321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

- profit social benefit
form

Office Use Only



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15 FEB -9 AM 11:49

Amel

FEB 11 2015

R. WHITE

COVER LETTER

**TO: Amendment Section
Division of Corporations**

God Is Greater Homeless Outreach Ministry

NAME OF CORPORATION: _____
N08000007321

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Sheila Hodges

Name of Contact Person

God Is Greater Homeless Outreach Ministry

Firm/ Company

11935 SW 188 Terrace

Address

Miami, FL 33177

City/ State and Zip Code

sheila119353@gmail.com

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

For further information concerning this matter, please call:

Sheila Hodges

305

431-4221

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:

☐ **\$35 Filing Fee**

■\$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

January 23, 2015

SHEILA HODGES
11935 SW 188 TERR
MIAMI, FL 33177

SUBJECT: GOD IS GREATER HOMELESS OUTREACH MINISTRY -
INCORPORATED
Ref. Number: N08000007321

We have received your document for GOD IS GREATER HOMELESS OUTREACH MINISTRY - INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is for a profit social benefit corporation. If it is your intent to proceed with the filing of this document, at least one box must be checked on either page 3 or page 4 pertaining to the appropriate statutes. If it is not your intent to file this form, please find enclosed and complete the articles of amendment for a Florida not for profit corporation.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 015A00001454

RECEIVED

15 FEB -9 PM 1:56

RECEIVED
DIVISION OF CORPORATIONS
1117 HUNTER STREET
TALLAHASSEE, FL 32304

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: God is Greater Homeless Outreach Ministry

DOCUMENT NUMBER: N08000007321

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

Please return all correspondence concerning this matter to the following:

Sheila Hodges

(Name of Contact Person)

God is Greater Homeless Outreach Ministry

(Firm/ Company)

11935 SW 188 Terrace

(Address)

Miami, FL 33177

(City/ State and Zip Code)

sheila119353@gmail.com

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

For further information concerning this matter, please call:

Sheila Hodges

(Name of Contact Person)

305 431-4221

(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 checked="" 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

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Tallahassee, FL 32314

Street Address

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Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

15 FEB -9 AM 11:49

God is Greater Homeless Outreach Ministry

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

N08000007321

(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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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 checked="" type="checkbox"/> N/A Change		N/A	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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)

TO ADD: TO OPEN A FOOD PANTRY AND/OR SOUP KITCHEN TO PROVIDE SERVICES TO THE HOMELESS AND POOR PEOPLE.

TO KEEP: EMERGENCY MANAGEMENT SERVICES: TO PROVIDE SURVIVAL KITS, FOOD, CLOTHING, AND REFERRAL SERVICE.

TO REMOVE: TO PROVIDE TRANSITIONAL SHELTER AND/OR 24 HR EMERGENCY SHELTER TO THE HOMELESS.

The date of each amendment(s) adoption: 1/10/2015, if other than the date this document was signed.

Effective date if applicable: 1/10/2015
(no more than 90 days after amendment file date)

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 1/10/2015

Signature Sheila Hodges
(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)

Sheila Hodges

(Typed or printed name of person signing)

President

(Title of person signing)