

N08000011380

(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:

4/11/13  
AR

Office Use Only



700249740847

FILED  
13 AUG -2 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

07/16/13--01007--003 \*\*43.75

Amend.

8/6/13  
JC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2013

PASTOR TROY CLYMER  
IN HIS GRIP MINISTRIES INC.  
2981 BENT PINE DRIVE  
FT. PIERCE, FL 34951

SUBJECT: IN HIS GRIP MINISTRIES INC.  
Ref. Number: N08000011380

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The date of adoption of each amendment must be included in the document.

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.

Darlene Connell  
Regulatory Specialist II

Letter Number: 013A00017614

RECEIVED

13 AUG -2 AM 8:55



TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IN HIS GRIP MINISTRIES  
DOCUMENT NUMBER: NO800001380

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

Please return all correspondence concerning this matter to the following:

PASTOR TROY CLYMER  
Name of Contact Person  
IN HIS GRIP MINISTRIES  
Firm/ Company  
2981 BENT PINE DRIVE  
Address  
FORT PIERCE FL 34951  
City/ State and Zip Code  
troyLcllymer@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Clymer at ( 772 ) 971-8769  
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

Articles of Amendment  
to  
Articles of Incorporation  
of

IN HIS GRIP MINISTRIES INC.

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

NO 80000 11380

(Document Number of Corporation (if known))

FILED  
13 AUG - 2 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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)

2981 BENT PINE DRIVE  
FT PIERCE FLORIDA  
34951

✓ C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2981 BENT PINE DRIVE  
FT. PIERCE FLORIDA  
34951

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	<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Wanda Clymer</u>	<u>140 El Prado Ct.</u> <u>Palatka FL</u> <u>32177</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Derrick Smith</u>	<u>4155 Hwy 17S</u> <u>Green Cove Springs</u> <u>FL 32043</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VTS</u>	<u>Lisa Clymer</u>	<u>2981 Bent Pine Cr.</u> <u>Fort Pierce FL</u> <u>34951</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Sharon Parenteau</u>	<u>2979 Bent Pine Cr.</u> <u>Fort Pierce FL</u> <u>34957</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>      </u>	<u>      </u>	<u>      </u> <u>      </u> <u>      </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>      </u>	<u>      </u>	<u>      </u> <u>      </u> <u>      </u>

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

[illegible]

The date of each amendment(s) adoption: 7/29/13, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 7/29/13

Signature [Signature]  
(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)

Pastor Tray Clumbe  
(Typed or printed name of person signing)

President  
(Title of person signing)