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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mt. Pleasa Church of	nt. Missionary B	aptist
N DADDADA	-m	
DOCUMENT NUMBER: NO900001	5 79	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Yolanda Chai	Fmax Contact Person)	<del></del>
Mt. Pleasant Mission	mary Baptist Che (Company)	urch of the Kingdom, Inc.
P.O. Box 1443	ddress)	······································
hady hake I	E 32158 e and Zip Code)	<del></del>
VOLZION Q Y E-mail address: (to be used	ahoo. Com I for future annual report notification	on)
For further information concerning this matter, please	call:	
Volanda Chatman (Name of Contact Person)	at (352 ) 348-	7845
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	ayable 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	Street Address	•
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Ci	ircle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Mt. Pleasant Miss	sionary Baptist Churc	h of the Kingdom, Inc.
(Name of Corporation as co	urrently filed with the Florida Dept. of St	
N09000015	99	
(Document )	Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of	of Incorporation:	Profit Corporation adopts
A. If amending name, enter the new nam	ie of the corporation:	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Company		corporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		SECRETARY OF STALLAHASSEE, FI
D. If amending the registered agent and/new registered agent and/or the new r		ter the name of the
	•	
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registed position.		pt the obligations of the
-	Signature of New Registered Agent, if ch	anging

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
<del></del>			Add Remove
			Add Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
Upon to	ne dissolution of	the organization	n, assets
shall k	se distributed for on	e or more exe	mpt
purpos	ses within the mean	ing of section 50	OI (c)(3)
	e Internal Prevenu	_	
	n of any future f		
	be distributed to		
	a state or local		
	c purpose. Any si	<b>O</b> , , ,	
	hall he disposed		
	non Pleas of the		the.
	ipal office of the		then
Incat	ed, exclusively fo	r Such Duranses	or to
	organization or		
V ~ 1	de il determina	phiel are son	raigad
Cour I	shall determine,	Disch are orga	unzea
una b	perated exclusively	tor such purpi	0595.

The date of each amendment(s) ac				
1000 of 1000 of 1000	(date of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s).			
There are no members or memb adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.			
Dated	24. 2009			
(By the c have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)			
ıΣ	athaniel Smart (Typed or printed name of person signing)			
<u></u>	orporate President (Title of person signing)			

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