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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2011

ANGELA JENKINS GLORY BIBLE FELLOWSHIP MINSTRY 2104 W PARIS STREET TAMPA, FL 33604

SUBJECT: GLORY BIBLE FELLOWSHIP MINISTRY GLOBAL CHURCH INC.

Ref. Number: N09000002099

We have received your document for GLORY BIBLE FELLOWSHIP MINISTRY GLOBAL CHURCH 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):

Page (3) of your document is missing.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 011A00027314

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: GLORY BIBLE FEL	LOWSHIP MINSTRY	GLOBAL CHUCH INC.	_
DOCUMENT NUMBER:	N09000002099			_
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
ANGELA JENKINS				
	(Nam	e of Contact Person)		
GLORY BIBLE FELLOWS	SHP MINSTRY			
		Firm/ Company)		
2104 W PARIS STREET T	AMPA FL 3360 US	MIGW. U	laters are tampo	ift-330
TAMPA FL 33604	(City)	State and Zip Code)		_
	(Oily)	Same una Esp cour,		
Е	Glor -mail address: (to be used	yBible@gmail.com for future annual report	notification)	
For further information cond	cerning this matter, please	call:		
ANGELA JENKINS		at (813) 531-0239	
(Name of Co	ntact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Dep	artment 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)	
<u>Mailing A</u> Amendme		***************************************	Address Iment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

GLORY BIBLE FELLOWSHIP MINSTRY GLOBAL CHUCH INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N09000002099
(Document Number of Corporation (if known)
第二 三 〇
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:
tonowing amendment(s) to its Articles of meorporation.
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: 416 West-Waters Huenue
(Principal office address MUST BE A STREET ADDRESS)
14mpa 1 L3300-1
1 1 1 (1)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4 G West Waters Huerue
(Mailing address MAY BE A POST OFFICE BOX)
19MP 21+ L3360H
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: Same Good Hage G Denkins of 111 (11/PCF
THE THE ALL WEST
(Florida street address)
New Registered Office Address:
Tampa Florida 5507 35607
(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.
Me for the series
Signature of New Hegistered Agent, if changing

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	Name		Address	
1) <u>P</u>	ANGELA JENKINS		2104 W PARIS STREET TAMPA FL 33604	
2) <u>CEO</u>	PHILLIP JENKINS	-	2104 W PARIS STREET 416 WEST WATERS ATTAMPA FL 33604 TOMPA FL 33604	ue
3) SEC	HELEN NEAL-ALI		8013 DREHER PARK LANE APT. 101 TAMPA, FL 33610	
4) 1882	RETURNED SYLVIA REED		P OST OFFICE BOX 4034 T AMPX FE 33672.	
SONTRE	S ANIKA COLLETON		9217 N. 26th Street Tampa FL 33612	
6)		 -		
If REMOVING	an officer and/or director, please list the t	itle(s) and	name of the officer/director to be removed;	
Title(s)	Name	Title(s)	Name	
1) DIR TRES	SULVIG REED	4)		
2)1116	JIVIA INCE	5)		

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
~	
Manual Control of the	
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The date of each amendment(s) adoption: 12/1/2011					
Effective date if applicable:					
	(no more than 90 days after amendment file date)				
Ada	option 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 12/1/2011 Signature Angela Arburb				
	(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)				
	ANGELA JENKINS				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Page 4 of 4