Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000062139 3)))



H100000621383ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HENSLEY & COMPANY PA

Account Number : 120090000037 Phone : (239)992-6060 Fax Number : (239)992-9506

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Krebellophensleycras, us

RECEIVED

110 MAR 18 AM 8: 00

3ECRETARY OF STATE

4 LANA SSEET LORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN VALERIE GILCHRIST MINISTRIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$43.75

C.COULLIETTE

Electronic Filing Menu

Corporate Filing Menu

MAR 19 20410p

EXAMINER

H100000621393

Articles of Amendment to Articles of Incorporation

	OI .			
Valerie G	ilchrist Ministries, Inc) <u>.</u>		
(Name of Corporation as cr	rrently filed with the Flor	da Dept. of S	inte)	
	000002685			
(Document N	lumber of Corporation (if ki	own)		
Pursuant to the provisions of section 617.100 the following emendment(s) to its Articles of		rida Not For	Profit Corporation ad	lopts
A. If amending name, enter the new name	e of the corporation:			
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			•	SEATON SEE
B. Enter new principal office address, if a	policable:		10 3 8	27
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS)			9
				♀.
				- O,
C. Enter new mailing address, if applical			ġ	S
(Mailing address MAY BE A POST OF	FICE BOX)		;	S Z
				• • •
D. If amouding the registered agent and/o		in Florida, er	ter the name of the	
new registered agent and/or the new re	Platered office address			
Name of New Registered Agent:	······································			
	<u>.</u>			
New Registered Office Address:	(Florida street	address)		
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chan hereby accept the appointment as register position.	nging Registered Agent: red agent. I am familiar	with and acce	ept the obligations of	the
-	Signature of New Register	d Agent, if ch	anging	·

H100000621393

Page 1 of 3

H100000621393

If amending the Officers and/or Directors, enter the title and name of es ch officer/director being removed and title, name, and address of each Officer and/or Director in ing added:
(Attach additional sheets, if necessary)

Title	<u>Neme</u>	Address		Type of Action		
DT	Don Pogue	25125 Obelisk Cou Punta Gorda, FL 3		☑ Add ☐ Remove		
DS	Walter Glichrist	335 Kingston Stree St Petersburg, EL:	t South	☑ Add □ Remove		
.				☐ Add ☐ Remove		
(attach addit	or adding additional Articles, enter si ional sheats, if necessary). (Be specific ticle iii - PURPOSE(S) - The purp	oses of which Va				
Inc. is organi	zed exclusively for charitable, relig	ious, educations	t, and actor	nific purposes,		
including, for such purposes, the making of distributions to organizations that qualify as						
exempt organ	nizations under section 501(C)(3)	of the internal Re	venue Cod	e, or		
corresponding section of any future federal tax code.						
Amending Ar	tide X - 501 (C) (3) Upon the diss	olution of Valerie	Gilchrist Mi	inistries, Inc.,		
essets shell l	exe eron no eno rot betudintalb ac	npt purposes wit	nin the mea	ning of		
section 501(0	C) (3) of the Internel Revenue Cod	e, or correspond	ng section (of any future		
federal tax co	ode, or shall be distributed to the fo	ederal governme	nt, or to a st	bate or local		
government,	for a public purpose. Any such as	sets not dispose	d of shall be	e disposed of		
by the Court	of Common Please of the county i	n which the prinx	ipal office o	if the organization		
	ed, exclusively for such purposes of	•				
as said Cour	t shall determine, which are organ	ized and operate	d exclusivel	y for euch		
ригрозев.		·				
						

Page 2 of 3

H100000621393

The date of each amendmen	t(e) adeption: March 18, 2010
Effective date if applicable:	March 18, 2010
	(no more than 90 days after amer dment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) coval.
I There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Mar	Calette Silation
(B <u>)</u> hav	with the chairman or vice chairman of the boan I, president or other officer-if directors we not been selected, by an incorporator—if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Valerie Gilchris t
	(Typed or printed name of pe son signing)
	CEO/Presiden:
	(Title of person signing)

Page 3 of 3