

No9000004775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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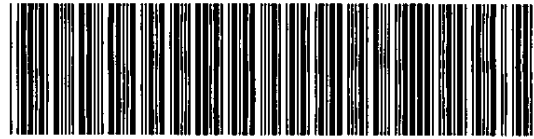
(Business Entity Name)

(Document Number)

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2016 OCT - 6 PM 2:24
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OCT 11 2016

C LEWIS

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Anointed Word Christian Ctr. Inc.

DOCUMENT NUMBER: NO9000004775

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

Please return all correspondence concerning this matter to the following:

Dr. Delaine Smith
(Name of Contact Person)

Delaine Smith Ministries, Inc
(Firm/ Company)

P.O. Box 28593
(Address)

Jacksonville, FL 32226
(City/ State and Zip Code)

dr delaine @ comcast . net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Delaine Smith at 904 652-8340
(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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Anointed Word Christian Center, Inc. 2016 OCT -6 PM 2:24

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

NO9000004775

(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:

Delaine Smith Ministries, Inc. 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)

12692 Black Angus Dr.
Jacksonville, FL 32226

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

-SAME -
P.O. Box 28593
Jacksonville, FL 32226

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:

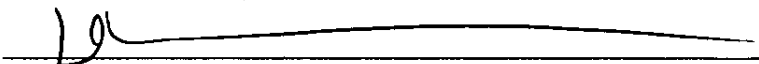
Delaine Smith
12692 Black Angus Dr.
(Florida street address)

New Registered Office Address:

Jacksonville, Florida 32226
(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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change To Trustee Rosie Thomas
☐ Add From COO
☐ Remove

2) ☐ Change VP Sherman Smith 12692 Black Angus Dr.
☒ Add Jacksonville, FL 32226
☐ Remove

3) ☐ Change All others Remain
☐ Add Gloria Brown
☐ Remove Debra Sellars
Marcus Arnold

4) ☐ Change
☐ Add
☐ Remove

5) ☒ Change P Delaine Smith 12692 Black Angus Dr.
☐ Add Jacksonville, FL 32226
☐ Remove

6) ☐ Change
☐ Add
☐ Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: _____
date this document was signed.

9-21-16

if other than the
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

9-21-16

(no more than 90 days after amendment file date)

2016 OCT -6 PM 2:24

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9-21-16

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)

Dr. Delaine Smith

(Typed or printed name of person signing)

President

(Title of person signing)