

N09000004983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

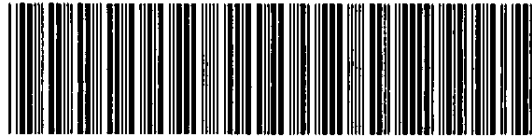
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRUTH BY FIRE MINISTRIES, INC.

DOCUMENT NUMBER: 109 0000 04983

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

Please return all correspondence concerning this matter to the following:

DEBRA REED

(Name of Contact Person)

TRUTHBY FIRE INTERNATIONAL MINISTRIES, INC.

(Firm/ Company)

750 S. ORANGE BLOSSOM TRAIL, STE 202

(Address)

ORLANDO, FL 32805

(City/ State and Zip Code)

jpreachers2@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Reed

(Name of Contact Person)

at (**321**) **278-3362**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2012

DEBRA REED
750 S. ORANGE BLOSSOM TRAIL
SUITE 202
ORLANDO, FL 32805

SUBJECT: TRUTH BY FIRE MINISTRIES, INC.
Ref. Number: N09000004983

We have received your document for TRUTH BY FIRE MINISTRIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When amending the officers/directors, please be very specific and check what the change is.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 212A00008679

Articles of Amendment
to
Articles of Incorporation
of

TRUTH BY FIRE MINISTRIES, INC.

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

~~NO990000~~4983

(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:

TRUTH BY FIRE INTERNATIONAL MINISTRIES, INC. Clermont 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)

SAME 1040 School Street
Clermont, FL 32711

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

SAME

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:

ROBIN JENKINS

4202 KEY BISCAYNE LANE 317

(Florida street address)

New Registered Office Address:

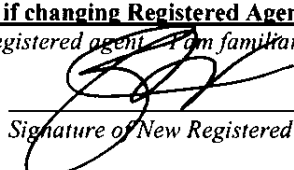
WINTER PARK

(City)

Florida 32792
(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 PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	DEBRA REED	3211 OAKSTAND LANE ORLANDO, FL 32805
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	M	CHARMANE INGRAM	4775 TEXAS AVENUE ORLANDO, FL 32839
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	C	CLAY REED	3211 OAKSTAND LANE ORLANDO, FL 32805
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	MP	SANDRA SOLIMON	1040 SCHW1 ST CLERMONT, FL 32711
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	S	NATALYNN YOUNG	1040 SCHW1 ST
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	C	Clay Reed	3211 OAKSTAND LANE ORLANDO FL 32805

NO
CHANGE

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE SEE ATTACHED

NONE

The date of each amendment(s) adoption: 3/2/2012

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 3/2/2012

Signature Debra Reed
(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)

DEBRA REED

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)