

1090000/0302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

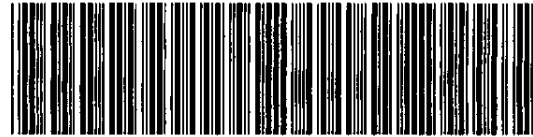
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400189143964

400189143964
01/06/11--01023--006 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 31 PM 4:35

FILED

MC/Amend
Sg

1-31-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ST. JOHN MINISTRIES OF WINTER HAVEN, INC.

DOCUMENT NUMBER: N09000010302

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

Please return all correspondence concerning this matter to the following:

OZELL KINDLE JR

(Name of Contact Person)

(Firm/ Company)

4199 AVENUE K NW

(Address)

WINTER HAVEN, FL 33881

(City/ State and Zip Code)

OZELLKINDLE@VERIZON.NET

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

For further information concerning this matter, please call:

OZELL KINDLE JR

(Name of Contact Person)

at (863) 640-6602

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2011

OZELL KINDLE, JR.
4199 AVENUE K NW
WINTER HAVEN, FL 33881

SUBJECT: ST. JOHN MINISTRIES OF WINTER HAVEN, INC.
Ref. Number: N09000010302

We have received your document for ST. JOHN MINISTRIES OF WINTER HAVEN, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is 740003 - ST. JOHN MISSIONARY BAPTIST CHURCH, INC..

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 711A00000962

RECEIVED
11 JAN 28 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2011 JAN 31 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ST. JOHN MINISTRIES OF WINTER HAVEN, INC.

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

N09000010302

(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:

ST. JOHN MISSIONARY BAPTIST CHURCH OF WINTER HAVEN, 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

(Florida street address)

(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.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	WILLIAM STEPHEN	2959 WARFIELD, DRIVE BARTOW, FL 33830	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

[illegible]

The date of each amendment(s) adoption: 01/03/2011

(date of adoption is required)

Effective date if applicable: 01/03/2011

(no more than 90 days after amendment file date)

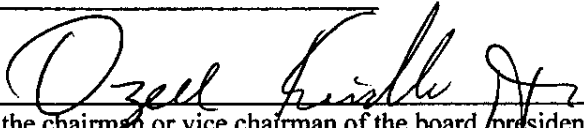
Adoption of Amendment(s) **(CHECK ONE)**

☒ 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 01/03/2011

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)

OZELL KINDLE JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)