109000011697

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EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	ORATION: Greater Grace	e Missionary Baptist Chu	rch, Inc.,
DOCUMENT NUM	1BER: N09000011697		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		S. Hardie	
	(Name of	Contact Person)	•
	Greater Grace Missi	ionary Baptist Church, Inc.,	
	(Firm	n/ Company)	
	16/1 V	eomans Path	
		Address)	
		l, Florida 33809	
	(City/ Sta	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further informati	on concerning this matter, pleas	e cali:	
Joe S. Hardie		at (863) 944-187	5
(Name	e of Contact Person)		ne Telephone Number)
Enclosed is a check	for the following amount made p	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Greater Grace Missionary Baptist Church, Inc.,

(Name of Corporation as currently filed	with the Florida Dept. of State)
N09000011	697
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporation	· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the corp	oration:
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m	
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)	Greater Grace Missionary Baptist C. P. O. Box 93608
	Lakeland, Florida 33804
D. If amending the registered agent and/or registered new registered agent and/or the new registered off Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.	
Signature o	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)

<u>Title</u>	Name	Address	Type of Action
P	Joe S. Hardie	1641 Yeomans Path, Lakeland	☑ Add □ Remove
<u>s</u> _	Laurastine King	1018 Madison Avenue Lakeland	☑ Add ☐ Remove
			☐ Add ☐ Remove
E. <u>If amending</u> (attach addit	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific	hange(s) here:	
	,		.,

The date of each amendment	t(s) adoption: December 14, 2009
Effective date <u>if applicable</u> :	December 14, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
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} Dec	ember 14, 2009
Signature \angle	land Stabe
() y hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Joe S. Hardie
	(Typed or printed name of person signing)
	Founder, Pastor
	(Title of person signing)

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