

N09603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

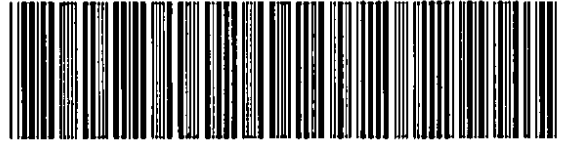
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300364360273

04/23/21--01021--030 **43.75

FILED

21 APR 23 AM 11:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

TK
6/16/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Soul Saving M B Church

DOCUMENT NUMBER: 1501341709 CC - N 09603

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

(Address)

(City/ State and Zip Code)

Debra Simmons 3850 @att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Contact Person) at _____
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

၁၄

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

N09603

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Theresa Brown	2281 NW 135 St #202 Miami FL 33167
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Debra Simmons	3082 NW 44 St Miami FL 33142
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	T	Bryan Hooper	8410 NW 32nd Miami FL 33147
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Darrick Bradford	5825 NW 21 Ave Miami FL 33147
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	Trustee	Irene Edwards	1300 NW 59 St Miami FL 33142
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: April 20, 2021, if other than the date this document was signed.

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.

☒ 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 4-20-21

Signature Jodie Alexander
(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)

Jodie Alexander
(Typed or printed name of person signing)

Pres.
(Title of person signing)

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020229488

DATE ISSUED: DECEMBER 28, 2020

DECEDENT INFORMATION

DATE FILED: DECEMBER 21, 2020

NAME: IRENE EDWARDS

DATE OF DEATH: DECEMBER 10, 2020

SEX: FEMALE SSN: 418-38-1360

AGE: 093 YEARS

DATE OF BIRTH: MARCH 11, 1927

BIRTHPLACE: SELMA, ALABAMA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 1300 NW 59TH ST.

LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33142

RESIDENCE: 1300 NW 59TH ST., MIAMI, FLORIDA 33142, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: SEAMSTRESS, TROPIC CLOTHING FACTORY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: BLACK OR AFRICAN AMERICAN, AFRICAN/AMERICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: NEVER-MARRIED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: NAPOLEON BOGUS

MOTHER'S/PARENT'S NAME: JULIA DAWSON

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: FREDERICK LAMAR REASER

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 10451 SW 141 DR., MIAMI, FLORIDA 33176, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: LORI H. DAVIS, F043177

FUNERAL FACILITY: HADLEY DAVIS FUNERAL HOME- MIAMI F070005

2321 NW 62ND STREET, MIAMI, FLORIDA 33147

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FOREST LAWN MEMORIAL GARDENS

FORT LAUDERDALE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1335

DATE CERTIFIED: DECEMBER 15, 2020

CERTIFIER'S NAME: LYNDIA ORDILLAS JORGE

CERTIFIER'S LICENSE NUMBER: ME66878

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. CARDIAC ARREST

IMMEDIATE

b. HYPERTENSIVE HEART DISEASE

YEARS

c. HYPERTENSION

YEARS

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? *

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021020417

DATE ISSUED: APRIL 12, 2021

DECEDENT INFORMATION

DATE FILED: FEBRUARY 2, 2021

NAME: THERESA LOUISE BROWN

DATE OF DEATH: JANUARY 12, 2021

SEX: FEMALE

AGE: 074 YEARS

DATE OF BIRTH: MARCH 15, 1946

SSN: ***-**-3709

BIRTHPLACE: MIAMI, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: JACKSON NORTH MEDICAL CENTER

LOCATION OF DEATH: NORTH MIAMI BEACH, MIAMI-DADE COUNTY, 33169

RESIDENCE: 2281 NW 135 STREET APT NO. 202, MIAMI, FLORIDA 33147, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: ENVIROMENTAL TECH, ENVIROMENTAL SERVICES

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: BLACK OR AFRICAN AMERICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ISAIAH WILSON

MOTHER'S/PARENT'S NAME: HETTIE WILSON

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JALYSSA D WILSON

RELATIONSHIP TO DECEDENT: NIECE

INFORMANT'S ADDRESS: 7810 NW 71 TERRACE, TAMARAC, FLORIDA 33321, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: LAMONE B JAY, F043783

FUNERAL FACILITY: HALL-FERGUSON-HEWITT MORTUARY F040399

1900 NW 54TH STREET, MIAMI, FLORIDA 33142

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGLADES CREMATORY
WEST PARK, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 211100162

TIME OF DEATH (24 HOUR): 1249

DATE CERTIFIED: JANUARY 22, 2021

CERTIFIER'S NAME: DAVID FINTAN GARAVAN

CERTIFIER'S LICENSE NUMBER: ME124500

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2022592401

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING: ○