# N 10000000 4181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

10 JUN 25 AM II: I

Amend.



UN 28 2010



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2010

OLLIE M. JAMES
PATHWAY TO HEALING MINISTRIES, AN OPEN G
2666 MANGO STREET
FT. MYERS, FL 33916

SUBJECT: PATHWAY TO HEALING MINISTRIES, AN OPEN DOOR GOSPEL

INCORPORATED

Ref. Number: N10000004181

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 910A00014038

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: <u>Pathway to He</u>	aling Ministries, an Ope	n <u>Door Gospel In</u> corporated
DOCUMENT NUN	MBER: H100000979113		
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
		Ollie M. James	
	(Name of	f Contact Person)	
	Pathway to He	aling Ministries, an Ope	n Door Gospel Incorporated
	(Firm	n/ Company)	
	2666 Mango St	reet	٠,
<del></del>	(	Address)	
	Fort Myers, F	lorida 33916	
	(City/ Sta	te and Zip Code)	<u> </u>
	E-mail address: (to be use	ed for future annual report notific	ation)
For further informat	ion concerning this matter, pleas	•	,
	Ollia W. Tama	- 040 000	. 9791
(Name	e of Contact Person)	at ( 909 ) 992	me Telephone Number)
·	•	payable to the Florida Departmen	•
□\$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)
	ling Address	Street Address	,
	endment Section sion of Corporations .	Amendment Section Division of Corporation	ons
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	r Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	INISTRIES, AN OPEN LOOK GOSPEL	<del></del>
(Name of Corporation as c	urrently filed with the Florida Dept. of	State)
· н10000	0979113	
(Document)	Number of Corporation (if known)	·
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		r Profit Corporation adopts
A. If amending name, enter the new nam	ne of the corporation:	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan"  B. Enter new principal office address, if	y" or "Co." may not be used in the name	
(Principal office address MUST BE A STR		
		10 Ju
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N 25 A
D. If amending the registered agent and/ new registered agent and/or the new r		enter the name of the
Name of New Registered Agent:	Ollie M. James	
	2666 Mango Street	
New Registered Office Address:	(Florida street address)	
	Fort Myers	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registe position.		ecept the obligations of the
-	Ulle M. Jar	nes
	Signature of New Registered Apent, 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: (Attack additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Ď -/- P.	Ollie M. James	2666 Mango Street	Add Remove
		Fort Myers, FL 33916	
			<del></del>
E. <u>If amen</u>	ding or adding additional Art	icles, enter change(s) here:	
(attach a	additional sheets, if necessary).	(Be specific)	
	·	·	<del></del>
**************************************			
, 			
·			

The date of each amendment(s) adoption:	May 26, 2010
• • •	(date of adoption is required)
Effective date if applicable:	Upon filing
(no i	more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were
Dated May 26,	2010
Signature Olle	U. James President
have not been sel	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, on the fiduciary by that fiduciary)
	Ollie M. James
	Typed or printed name of person signing)
	President
	(Title of person signing)

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