

N10000004765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

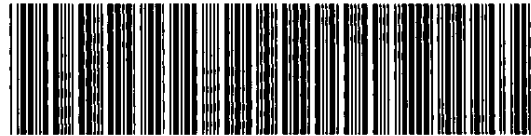
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600183424556

07/23/10--01016--007 \*\*35.00

FILED  
10 AUG 13 AM 10:57  
U.S. DEPT. OF STATE  
FBI/DOJ

n/c

Σ

Amend.

8/20/10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2010

JACQUELINE E. FRANKLIN  
NEW LIFE APOSTOLIC FAITH MINISTRIES INC.  
4650 PORTOFINO WAY, #303  
WEST PALM BEACH, FL 33409

SUBJECT: NEW LIFE APOSTOLIC FAITH MINISTRIES INC.  
Ref. Number: N10000004765

We have received your document 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):

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 **NOT FOR PROFIT** 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: 910A00017944

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NEW LIFE APOSTOLIC FAITH MINISTRIES INC

**DOCUMENT NUMBER:** N10000004765

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

Please return all correspondence concerning this matter to the following:

JACQUELINE E FRANKLIN

(Name of Contact Person)

NEW LIFE APOSTOLIC FAITH MINISTRIES INC

(Firm/ Company)

4650 PORTOFINO WAY, # 303

(Address)

WEST PALM BEACH, FL 33409

(City/ State and Zip Code)

Junereggie@aol.com

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

For further information concerning this matter, please call:

REGINALD L BRYANT

(Name of Contact Person)

at ( 561 ) 543-5954

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

NEW LIFE APOSTOLIC FAITH MINISTRIES INC.

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

N10000004765

(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:**

NEW LIFE PENTECOSTAL FAITH MINISTRIES 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)

4650 PORTOFINO WAY #303

WEST PALM BEACH

FL 33409

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

4650 PORTOFINO WAY #303

WEST PALM BEACH

FL 33409

**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)*

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

[illegible]

The date of each amendment(s) adoption: JUNE 13, 2010

(date of adoption is required)

Effective date if applicable: JUNE 13, 2010

(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 8-1-10

Signature Reginald L Bryant

(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)

REGINALD L BRYANT

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)