

N10000005174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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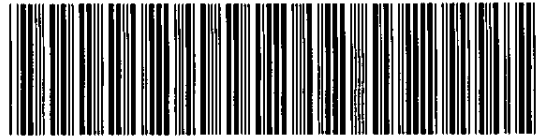
(Business Entity Name)

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DIVISION OF CORPORATIONS

EFFECTIVE DATE

9.1.2012

Name ch8/cc
(1a) 8/8/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gleaners for Christ MINISTRIES, INC

DOCUMENT NUMBER: N10000005174

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

Please return all correspondence concerning this matter to the following:

THOMAS E. DAVIS

(Name of Contact Person)

Gleaners for Christ MINISTRIES, INC

(Firm/ Company)

8637 MAHONIA DR

(Address)

JACKSONVILLE, FL. 32221

(City/ State and Zip Code)

ANNOUNCE6690@ATT.NET

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

For further information concerning this matter, please call:

THOMAS E. DAVIS

(Name of Contact Person)

at (904)

786 8148

(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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2012

THOMAS E. DAVIS
GLEANERS FOR CHRIST MINISTRIES, INC.
8637 MAHONIA DR.
JACKSONVILLE, FL 32221

SUBJECT: GLEANERS FOR CHRIST MINISTRIES, INC.
Ref. Number: N10000005174

We have received your document for GLEANERS FOR CHRIST MINISTRIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 812A00015863

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TO AGENCY FOR
SUFFICIENCY OF FILING

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

EFFECTIVE DATE

9.1.2012

Gleaners for Christ Ministries, Inc.

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

N 10000005174

(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:

Gleaners With Christ 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)

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:

(Florida street address)

New Registered Office 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

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DIVISION OF CORPORATIONS
FLORIDA DEPT. OF STATE

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

1) _____ Change _____ Add _____ Remove	_____	_____	_____	_____	_____
2) _____ Change _____ Add _____ Remove	_____	_____	_____	_____	_____
3) _____ Change _____ Add _____ Remove	_____	_____	_____	_____	_____
4) _____ Change _____ Add _____ Remove	_____	_____	_____	_____	_____
5) _____ Change _____ Add _____ Remove	_____	_____	_____	_____	_____
6) _____ Change _____ Add _____ 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: 8-1-2012

Effective date if applicable: 9-1-2012
(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 _____

Signature Thomas E Davis
(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)

THOMAS E. DAVIS
(Typed or printed name of person signing)

PASTOR/ President
(Title of person signing)