# N10000006156

(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:			
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'Office Use Only



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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SPEAK T	he Iruth MIII	nistries
DOCUMENT NUMB	er: N   00000 C	06156	
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
	Tanya (Name of	Contact Person)	
_5(	real The (Firm	Truth Min	istries
P.	0. Box 95	03807 Address)	
Lo	ile Mary (City) State	FL 32795.	-3807
_5	E-mail address: (to be used	d for future annual report notific	Com ation)
For further information	concerning this matter, please	e call:	
Li Tansh (Name o	f Contact Person	at ( <u>407</u> ) <u>4/ (a</u> (Area Code & Daytin	me Telephone Number)
Enclosed is a check for	the following amount made p	ayable to the Florida Departmen	t 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)
Amend Division P.O. Bo	z Address ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2011

L'TANYA LIKELY P.O. BOX 953807 LAKE MARY, FL 32795-3807

SUBJECT: SPEAK THE TRUTH MINISTRIES, INC

Ref. Number: N10000006156

We have received your document for SPEAK THE TRUTH MINISTRIES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2011 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$236.25.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 411A00022764

## **Articles of Amendment Articles of Incorporation**

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		acorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		NOV -8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-8 PM 2: SSEE, FLOR
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		nter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flor	ida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am		ept the obligations of the

position.

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)

<u>I itle</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	dditional sheets, if necessary)	rticles, enter change(s) here: (Be specific)  we no officer  d. We are also of the control of th	s that are currently
hav	e a great	Herest in the	Vision and
Aff the	ter we have	e completed our	meeting with
acc We	eptance of will then	being apart of	anendrate
Tha	notify the	nuch for your	gatience and
		thus as we but d's purpose.	MICH ONT
Si	7-416-9184	1/7	
40	1-416-4189		an and the state of the

The date of each amendment(s)	· · · · · · · · · · · · · · · · · · ·
Effective date <u>if applicable</u> :	(da <b>l</b> e of adoption is required)
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated 9/8	3.1/11
	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator—if in the hands of a receiver, trustee, or
	court appointed fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
-	Vice-President (Title of person signing)