N10000009926

(Requestor's Name)	
, (Address)	
(Address)	
(, (dd, (dd))	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Dusings Entite Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
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2012 APR -6 PM 3: 25
SECRETANY OF STATE

Amend

APR 1 0 2012 T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: House of God I	nternational Minist	ries Church Inc.
DOCUMENT NUMBER: N10000009926		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Pastor Lisa B . Lofton		
	(Name of Contact Perso	n)
House of God International Ministries Ch	nurch Inc.	
	(Firm/ Company)	
13833 Wellington Trace E-4 Suite 471		
	(Address)	
Wellington, Florida 33414		
	(City/ State and Zip Coo	le)
		•
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Pastor Lisa B. Lofton	at (561	351-0044
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Centified 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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

H	louse of (God	International	l Ministries	Church, Inc.

Aitu	cles of Amendment to
Article	les of Incorporation
	to les of Incorporation of Inc. Iorida Dept. of State Depart of Incorporation Oration (if known)
louse of God International Ministries Church,	Inc. Account
(Name of Corporation as currently filed with the Fl	lorida Dept. of State
V10000009926	- SER
· (Document Number of Corpo	Oration (if known)
resuant to the provisions of section 617.1006, Florida Statut- nendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the fo
If amending name, enter the new name of the corporat	tians,
	_
me must be distinguishable and contain the word "corpore	
Company" or "Co," may not be used in the name	
Enter new principal office address, if applicable:	13833 Wellington Trace E-4 Suite 471
Principal office address <u>MUST BE A STREET ADDRESS</u>	Wellington, Florida 33414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13833 Wellington Trace E-4 Suite 471
(Municipality)	
	Wellington, Florida 33414
If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent:	
Name of New Registered Agent:	
	(Florida street address)
	(Florida street address)
ew Registered Office Address:	, Florida
Name of New Registered Agent: ew Registered Office Address: (City)	, Florida
ew Registered Office Address:	, Florida, Zip Code)

Page 1 of 4

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: X Change	PT Jo	hn Doe	
X Remove	<u>У</u> <u>м</u>	ike Jones	
_X Add	<u>SV</u> <u>S</u> a	dly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>C</u>	Germaine A.Satterwhite	201 S.W. 1st Street, #1 Boca Raton, Fl. 33432
2) Change Add Remove	D	Dr. Annette Douglas	10598 Versailles Boulevard Wellington, Florida 33449
Change Add Remove	<u>D</u>	Atty. Pamela Booker Hakim	2040 S.W. Kasim Terrance Port St. Lucie, Fl. 34953
4) X Change Add Remove	D	Linda Long	4214 Heath Circle South West Palm Bch, Fl. 33401
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)				
NA				
· · · · · · · · · · · · · · · · · · ·				
<u> </u>				

The date of each amendment(s) adoption: $3/29/12$				
Effe	(no more than 90 days after amendment file date)			
Ada	option 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.			
8	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 3/29/12 Signature			
	(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 adduciary)			
	Tames Lofton Jr (Typed or printed name of person signing)			
	President (Title of person signing)			