N10000010720

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AND ANASSEE PLORIDA

MAY 2 4 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lisa J. Haw	thorne Interna	ational Ministries. Inc
DOCUMENT NUMBER: N10000010	720	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Lisa J. Hawthorne		
	(Name of Contact Persor	1)
Lisa J. Hawthorne Intern	ational Mini	stries Inc.
	(Firm/ Company)	
P.O. Box 308		
	(Address)	
Dundee, Florida 33838		
	(City/ State and Zip Code	e)
kimmberley.ellis@		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Lisa Hawthorne	_{at (} 863	, 206-2616
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of



Lisa J. Hawthorne International Ministries Inc.

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

N10000010720

(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:

N/A		
name must be distinguishable and contai "Company" or "Co." may not be used it	n the word "corpor n the name.	ation" or "incorporated" or the abbreviation "Corp." or
B. Enter new principal office address, (Principal office address MUST BE A S		N/A
rrincipal office address <u>MOSI BE AS</u>	IREEI ADDRESS	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
). If amending the registered agent ar	nd/or registered of	fice address in Florida, enter the name of the
D. If amending the registered agent an new registered agent and/or the ne		fice address in Florida, enter the name of the address;
new registered agent and/or the ne	w registered office	
new registered agent and/or the ne	w registered office	address:
new registered agent and/or the ne	w registered office	address; (Florida street address)
new registered agent and/or the ne	w registered office	address; (Florida street address) , Florida
new registered agent and/or the ne	W registered office N/A (City	(Florida street 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 <math>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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>VP</u>	Gregory L. Hawthorne	P.O. Box 308 Dundee, FL 33838
2) Change X Add Remove	<u>T</u>	Nausha Hawthorne	2358 Pinehurst Court Davenport, FL. 33837
Change X Add Remove	<u>s</u>	Suszanne Ellis	P.O. Box 2508 Winter Haven, FL. 33883
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)	
Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distribution	one to organizations that qualify as exempt organizations
under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the Dissolution of the organization	ion, assets shall be distributed for one or more exempt
purposes within the meaning of section 501 (c)(3) of the internal Revenue Code, or corresponding section of any future federal tax code,	or shall be distributed to the federal government,
or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court or competent juri	isdiction in the county in which the principal office
of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are o	organized and operated exclusively for such purposes.
•	
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The date of each amendment(s) adoption: 3/13/2012		
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 adwas/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 5/13/20	man or vice chairman of the board, president or other officer-if directors	
have not bee	man or vice on airman of the board, president or other officer-if directors en selected by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Lisa J. Hav	wthorne	
•	(Typed or printed name of person signing)	
President		
	(Title of person signing)	