

N100000011211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

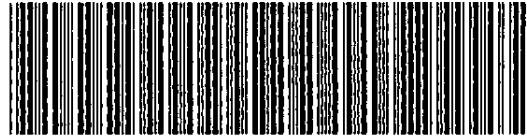
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 2-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

BISHOP NORMAN THOMAS
HEALING FROM HEAVEN PENTECOSTAL CHURCH
11 DOGWOOD DR LOOP
OCALA, FL 34472

SUBJECT: HEALING FROM HEAVEN CHURCH INC
Ref. Number: N10000011211

We have received your document for HEALING FROM HEAVEN CHURCH 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 date of adoption of each amendment must be included in the document.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 111A00002093

RECEIVED

11 FEB - 1 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALING FROM HEAVEN PENTECOSTAL Church

DOCUMENT NUMBER: N/10000011211

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

Please return all correspondence concerning this matter to the following:

Bishop Norman Thomas

(Name of Contact Person)

HEALING FROM HEAVEN PENTECOSTAL Church

(Firm/ Company)

11 Dogwood DR Loop

(Address)

OCALA Florida 34472

(City/ State and Zip Code)

For further information concerning this matter, please call:

Bishop Norman Thomas at (352) 497-9159
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| ☐ \$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

HEALING FROM HEAVEN Church Inc

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

N10000011211

(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:

NEW CORPORATE NAME (if changing):

HEALING FROM HEAVEN PENTECOSTAL Church INC

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

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The date of adoption of the amendment(s) was: December 2 - 2010

Effective date if applicable: DECEMBER 2-2010
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

Bishop Norman Thomas

(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.)

Bishop Norman Thomas

(Typed or printed name of person signing)

President

Pastor Bishop Norman Thomas

(Title of person signing)

FILING FEE: \$35