14000005184

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	_	
1 2	* * * * * * * * * * * * * * * * * * * *	
		-
		•

Office Use Only



700293673267

01/09/17--01024--015 **35.00

FEB 1 5 2016 T. LEMIEUX



COVER LETTER

1.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CHRIST HARV	EST MINISTRIES, INC.
DOCUMENT NUMBER: N14000005484	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
VICTORIA F RAINES	
	Name of Contact Person
CHRIST HARVEST MINI	
3001 SW COLLEGE RD.	Firm/ Company PMB #60
	Address
OCALA/FL 34474	
	City/ State and Zip Code
christharvestministries@aol.com	
<u> </u>	used for future annual report notification)
E-man address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
VICTORIA F RAINES	352 875-7253
Name of Contact Person	at (352) 875-7253 Area Code & Daytime Telephone Number
Name of Contact Ferson	Area code & Daytine Telephone Aumber
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

VICTORIA F RAINES 3001 SW COLLEGE RD PMB 60 OCALA, FL 34474

SUBJECT: CHRIST HARVEST MINISTRIES, INC.

Ref. Number: N14000005484

We have received your document for CHRIST HARVEST 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):

This is a Nonprofit corporation the form you sent in is for a Profit corporation.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 917A00000757

Articles of Amendment to Articles of Incorporation of

FILED

	UI .	the factor of th
Christ Harvest Ministries, Ilnc.		1917
(Name of Corporation as curren	tly filed with the Florida Dep	ot. of States LO 13 P 4: 00
N1400005484		SECRETARY OF STORE
(Document Numb	er of Corporation (if known)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3001 SW Co	lige ld, PMB#60
	Ocala, ti 3	1474 1474
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		he name of the
Name of New Registered Agent:		
·	/Fi	
New Registered Office Address:	(Florida stre	eet aaaress)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fai		igations of the position.
S	ignature of New Registered As	zent, 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)

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 X Remove X Add		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		 		
Add				
Remove			<u></u>	
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)
So attached Amendment to Articles

late this document was signed.
Effective date <u>if applicable</u> : 12/2016 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 12 28 2016
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 fiduciary)
Brian S. Dykes (Typed or printed name of person signing)
Pastur (Title of person signing)

ARTICLE VII ---- Purpose and Dissolution

Christ Harvest Ministries, Inc. is organized exclusively for charitable, Religious, educational, and scientific purposes, including, for such Purposes, the making of distribution to organizations that qualify as Exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code.

Upon the dissolution of the Christ Harvest Ministries, Inc., 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 of competent jurisdiction 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 organized and operated exclusively for Such purposes.