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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: The New Good	Shepherd Missionary Baptist Church, Name of Corporation INC
DOCUMENT NUMBER: N1400	000 6029
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Joseph Garvin Name of Contact Person	
The New Good Shepherd	Missionary Baptist Church, INC
2816 Edison Ave	
Jacksonville FL City/State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this m	atter, please call:
Joseph Garvin Name of Contact Person	at (904) 703-8991 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
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 CORRECTION

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For

14 JUL 14 PH 1:39

The New Good Shepherd Missionary Baptist Church, INC
N14000000029 Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct Address (Document Type Being Corrected)
filed with the Department of State on(File Date of Document).
Specify the inaccuracy, incorrect statement, or defect:
The address on the original application
was incorrect.
The correct Address is 2816 Edison Ave Jacksonville, FL 32254
Correct the inaccuracy, incorrect statement, or defect: Carl Williams - President - Need to be removed
as officer/director.
(Sygnature of a director, president of other officer - if directors or officers have not been selected, by an incorporato) - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Toront Cravilla
To seph Garvin DC Eo (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00