

N15000000187

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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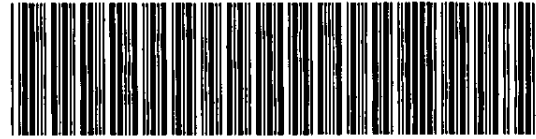
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MT. OLIVE OUTREACH MINISTRIES, INC

DOCUMENT NUMBER: N15000000187

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

Please return all correspondence concerning this matter to the following:

WANDA RIVERS
(Name of Contact Person)

MT. OLIVE OUTREACH MINISTRIES, INC.
(Firm/ Company)

5160 NIXON LANE
(Address)

ELKTON, FL 32033
(City/ State and Zip Code)

mtoliveoutreachmnc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WANDA RIVERS at 904 615-0628
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 OCT 25 PM 4:05

MT. OLIVE OUTREACH MINISTRIES, INC.

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

N1500000187

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: 5160 NIXON LANE
(Principal office address MUST BE A STREET ADDRESS) ELKTON, FL 32033

C. Enter new mailing address, if applicable: 5160 NIXON LANE
(Mailing address MAY BE A POST OFFICE BOX) ELKTON, FL 32033

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: WANDA RIVERS
5140 NIXON LANE
(Florida street address)

New Registered Office Address:
ELKTON, Florida 32033
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>OVERSI</u>	<u>DAVENPORT, ROBERT</u>	<u>11 B SQUIRE CT</u> <u>PALM COAST, FL 32164</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>OVERSI</u>	<u>DAVENPORT, BETTY</u>	<u>11 B SQUIRE CT</u> <u>PALM COAST, FL 32164</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PASTOI</u>	<u>DAVENPORT, BETTY</u>	<u>11 B SQUIRE CT</u> <u>PALM COAST, FL 32164</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>REGIST</u>	<u>DAVENPORT, BETTY</u>	<u>11 B SQUIRE CT</u> <u>PALM COAST, FL 32164</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CHURC</u>	<u>CALLOWAY, QNDO</u>	<u>5140 NIXON LANE</u> <u>ELKTON, FL 32033</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIRECT</u>	<u>RIVERS, WANDA</u>	<u>5140 NIXON LANE</u> <u>ELKTON, FL 32033</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE VIII - OFFICERS

THE OFFICERS OF THE CHURCH MAY BE PASTOR, ELDERS, DEACONS/DEACONESS SUNDAY SCHOOL SUPERINTENDENT OR CHRISTIAN EDUCATOR, DIRECTOR, TRUSTEES, CHAIRMAN IF OTHER THAN PASTOR SECRETARY AND/OR TREASURER AND OTHER OFFICERS AS MY BE NEEDED. THESE OFFICERS SHALL BE MEMBERS OF THE CHURCH. THE ASSOCIATED PASTOR CAN BE ELECTED AS THE VICE-CHAIRMAN AND THAT THE CHAIRMAN AND VICE-CHAIRMAN HOLD THESE RESPECTIVE POSITIONS ON THE CHURCH BOARD. IN ALL CASES WHERE MATTERS INVOLVING THE PASTORS ARE UNDER CONSIDERATION AND WHERE THE PASTOR IS CHAIRMAN/CHAIRPERSON, THE VICE-CHAIRMAN/CHAIRPERSON SHALL PRESIDE.

ARTICLE X - DUTIES OF OFFICERS

OVERSEER/OVERSEER (S)

AS OF SEPTEMBER 6, 2016 MT. OLIVE OUTREACH MINISTRIES IS NO LONGER UNDER THE LEADERSHIP, SPIRITUAL GUIDANCE AND COVERING OF CHRIST THE REDEEMER MINISTRIES, INC. PASTOR ROBERT AND BETTY DAVENPORT ARE NO LONGER OVERSEERS/PASTORS OF MT. OLIVE OUTREACH MINISTRIES, INC. 5160 NIXON LANE, FL 32033. PASTOR ROBERT AND BETTY DAVENPORT CONTACT AGREEMENT WAS UP ON SEPTEMBER 6, 2016 THEY ARE NO LONGER AFFILIATED WITH MT. OLIVE OUTREACH MINISTRIES, INC. OFFICALLY AND FINANCIALLY AS OF SEPTEMBER 6, 2016

SEPTEMBER 6, 2016

The date of each amendment(s) adoption: _____
date this document was signed:

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OCT 25 2016
DIVISION OF CORPORATIONS

SEPTEMBER 6, 2016

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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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 SEPTEMBER 6, 2016

Signature Wanda Rivers

(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)

WANDA RIVERS

(Typed or printed name of person signing)

DIRECTOR AND TRUSTEE

(Title of person signing)