

N16000003589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Registered Agent Signature
W23000138960

Office Use Only



600415883896

09/20/23--01007--009 **52.50

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV -3 AM 8:20

FILED

A. BUTLER
NOV -6 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD #1 INC.

DOCUMENT NUMBER: N16000003589

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

Please return all correspondence concerning this matter to the following:

DORIS ANDREWS

(Name of Contact Person)

THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD #1 INC.

(Firm/ Company)

10804 CRUSHED DR

(Address)

RIVERVIEW, FL 33578

(City/ State and Zip Code)

MOTHERANDREWS1953@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIS ANDREWS

813

370-3310

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD #1 INC.

DOCUMENT NUMBER: N16000003589

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

Please return all correspondence concerning this matter to the following:

DORIS ANDREWS

(Name of Contact Person)

THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD #1 INC.

(Firm/ Company)

10804 CRUSHED DR

(Address)

RIVERVIEW, FL 33578

(City/ State and Zip Code)

MOTHERANDREWS1953@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIS ANDREWS

813

370-3310

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD #1 INC.

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

N16000003589

(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 HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD TAMPA INC.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

DORIS ANDREWS

10804 CRUSHED DR

(Florida street address)

New Registered Office Address:

RIVERVIEW

(City)

Florida 33578

(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

FILED

2023 NOV -3 AM 8:20

SECRET
TALLAHASSEE, FL
DEPT. OF STATE

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>D</u>	<u>SHIRLEY J LAWRENCE</u>	<u>1406 E. POINSITTIA</u> <u>TAMPA, FL 33612</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>RODNEY FRANK, JR.</u>	<u>8721 GROVE TERRACE DR. APT</u> <u>TEMPLE TERRACE, FL 33617</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>ISAAC ANDREWS JR.</u>	<u>706 TRADEWINDS DR</u> <u>BRANDON, FL 33511</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JACKIE LAWRENCE</u>	<u>1406 E. POINSITTIA</u> <u>TAMPA, FL 33612</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ANGELA HAMILTON</u>	<u>3102 AVON AVE</u> <u>TAMPA, FL 33603</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>DORIS ANDREWS</u>	<u>10804 CRUSHED DR</u> <u>RIVERVIEW, FL 33578</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

CHANGE TITLE: VP NAME: SHALEISHA S WRIGHT ADDRESS: 2240 24TH AVE. S ST. PETERSBURG, FL 33712

Lined area for text entry.

The date of each amendment(s) adoption: MAY 12, 2023 if other than the date this document was signed.

Effective date if applicable: MAY 12, 2023
(no more than 90 days after amendment file date)

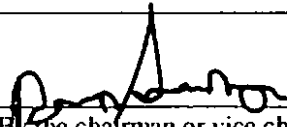
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/12/2023 _____

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)

DORIS ANDREWS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2023

DORIS ANDREWS
10804 CRUSHED DR
RIVER VIEW, FL 33578

SUBJECT: THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS
BLOOD #1 INC.
Ref. Number: N16000003589

We have received your document for THE HOLY GHOST CHURCH OF GOD
PURCHASED WITH HIS BLOOD #1 INC. and your check(s) totaling \$52.50.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The registered agent must sign accepting the designation.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 023A00023450