

n17000607914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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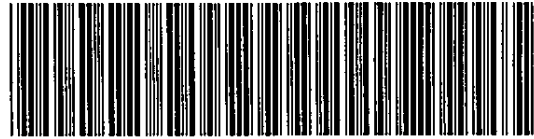
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 23 2017

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Anthony Fisher Ministries, Inc.

DOCUMENT NUMBER: N17000007914

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

Please return all correspondence concerning this matter to the following:

Cherica Fisher

(Name of Contact Person)

(Firm/ Company)

193 Bradfird Lake Circle

(Address)

Jacksonville, Florida, 32218

(City/ State and Zip Code)

mwedec27@aol.com

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

For further information concerning this matter, please call:

Cherica Fisher

(Name of Contact Person)

904

(Area Code)

416-9114

(Daytime Telephone Number)

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

- | | | | |
|---|--|---|---|
| <input checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Anthony Fisher Ministries, Inc.

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

N17000007914

(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:

(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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

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TALLAHASSEE, FLORIDA

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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 type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

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

ARTICLE III- The purpose of this corporation is to help heal and transform souls through the power of Jesus Christ. We are followers of Jesus Christ and we believe in the supernatural power of God. We equip others to serve and live for God. We minister the Word of God that provides the promises of hope, and healing to the hearts of many through his Divine Power. Our mission is to provide food, clothing and shelter to organizations and those that are in need of help. We will provide transitional housing and building services for disadvantaged, neglected, delinquent, maladjusted men, women, the homeless, veterans, and their families. The corporation strives to help low income men, women, and children become self-supportive, and self reliant contributors to society. The corporation will empower individuals and families to obtain housing and shelter. In addition, the corporation will offer the following services to individuals within the community: a food pantry, meals, personalized case management, on-site medical clinic access, health/ mental health workshops and screenings, educational services, computer literacy, government benefits & Social Services advocacy, support groups, job counseling, and self-expression classes. Our program will help develop life management, social skills, and decrease unemployment for low-income/ and or homeless individuals that are underserved, handicapped, underprivileged, disenfranchised and disadvantaged. The target group will comprise of adults and their families, and will help to combat homelessness, hunger, domestic abuse prevention, poverty, violence, unemployment prevention, and to provide a smooth transition into society after incarceration. Our corporation believes that in order to help those we serve to make permanent and lasting change, we need to first help them get off the streets. The corporation's transitional housing program provides the stability and retreat necessary to allow adults and families to focus on their most persistent physical, emotional and spiritual challenges. We help our residents confront and overcome the problems that led to homelessness or poverty in the first place. To accomplish these objectives we begin by providing for basic needs through meals, medical care and clothing. We then arrange for more in-depth services, such as substance abuse recovery, overcoming domestic violence, mental health evaluations and care, anger management, GED preparation classes and vocational training, finance/ money management seminars, self-esteem & parenting seminars, & employment preparation. We provide positive structures for participants that are designed to have performance indicators, measurable outcomes; with leadership development services in all categories.

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

Effective date if applicable: _____
(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 8/17/17

Signature Anthony Fisher
(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)

Anthony Fisher

(Typed or printed name of person signing)

President

(Title of person signing)