# N18000007711

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (123,535)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Social Manuscry                        |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| ·                                       |
|   |
|   |
| a s as adaption                         |
| naitgable to okal                       |
| successions                             |
|   |
|   |

Office Use Only



200391512102

07/29/22--01018--018 \*\*35.00

anena



A. RAMSEY DEC 20 2002

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:   | TH MINISTRY I:   | ···  |   |  |
|--|--|--|---|--|
| N18000007711<br>DOCUMENT NUMBER:   |  |  |   |  |
| The enclosed Articles of Amendment and fee are submitted                                       | ed for tiling.   |  |   |  |
| Please return all correspondence concerning this matter to                                     | the following:   |  |   |  |
| CAROL WILLOUGHY  |  |  |   |  |
| (Na  | ime of Contact Per   | son)   |   |  |
| FOUNDATION OF FAITH MINISTRY INC   |  |  |   |  |
|  | (Firm/ Company)  |  |   |  |
| 2475 E OLIVE ROAD  |  |  |   |  |
|  | (Address)  |  |   |  |
| PENSACOLA, FL 32514  |  |  |   |  |
| (Cit   | y/ State and Zip C   | ode)   |   |  |
| tofministries22@gmail.com  |  |  |   |  |
| E-mail address: (to be used for  | future annual repo   | ort notification   | )   |  |
| For further information concerning this matter, please call                                    | :  |  |   |  |
| CAROL WILLOUGHBY   | at _   | 850  | 287-2404  |  |
| (Name of Contact Person)   |  |  | (Daytime Telephone Number)                                      |  |
| Enclosed is a check for the following amount made payab  | le to the Florida D  | epartment of S   | State:  |  |
| ()   | 43.75 Filing Fee &<br>fertified Copy<br>Additional copy is<br>melosed) | Certifi<br>Certifi   | Filing Fee<br>cate of Status<br>ed Copy<br>onal Copy is<br>sed) |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amo<br>Divi<br>The   | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |   |  |

Tallahassee, FL 32303



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2022

CAROL WILLOUGHY FOUNDATION OF FAITH MINISTRY INC 2475 E OLIVE ROAD PENSACOLA, FL 32514

SUBJECT: FOUNDATION OF FAITH MINISTRY INC

Ref. Number: N18000007711

We have received your document for FOUNDATION OF FAITH MINISTRY 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):

The date of adoption of each amendment must be included in the document.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

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.

Letter Number: 922A00024984

Diane Cushing Senior Section Administrator

www.sunbiz.org

### Articles of Amendment to Articles of Incorporation

HLEU

2022 DEC 19 AM 8: 52

## FOUNDATION OF FAITH MINISTRY INC

| Name of Corporation as currently filed with the Florida   | Dept. of State)  |  |  |
|---|--|--|--|
| N18000007711  |  |  |  |
| (Document Num   | nber of Corporation (if known)                                       |  |  |
| Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:            | ntes, this Florida Not For Profit Corporation adopts the following   |  |  |
| A. If amending name, enter the new name of the corpora  |  |  |  |
|   | The new  |  |  |
| name must be distinguishable and contain the word "corpor"<br>"Company" or <u>"Co." may not be used in the name</u> . | ration" or "incorporated" or the abbreviation "Corp," or "Inc."      |  |  |
|   | 2475 E OLIVE RD  |  |  |
| 3. Enter new principal office address, if applicable:<br>Principal office address MUST BE A STREET ADDRES.            | (S) PENSACOLA FL 32514   |  |  |
|   | TEMPLE VENT  |  |  |
|   |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                               | 2475 F.COLIVERIO P.D. A. N. 3660                                     |  |  |
|   | 1.0.1542512  |  |  |
|   | PENSACOLA EL 32514 PENSACOLA FLA 32514                               |  |  |
|   | J.52.3 1   |  |  |
|   | or the Florida enter the number of the                               |  |  |
| D. If amending the registered agent and/or registered of<br>new registered agent and/or the new registered office     | e address:   |  |  |
|   |  |  |  |
| Name of New Registered Agent:   |  |  |  |
| <del></del>   | (Florida street address)   |  |  |
| New Registered Office Address:  |  |  |  |
|   | , Florida  |  |  |
| <del></del> -   | (City) (Zip Code)  |  |  |
| New Registered Agent's Signature, if changing Register<br>I hereby accept the appointment as registered agent. I am   | red Agent: familiar with and accept the obligations of the position. |  |  |
|   |  |  |  |
|   | Signature of New Registered Agent, if changing                       |  |  |
|   | TREMEMBER Of Dear DeProcessor (Penns II 2 median)                    |  |  |

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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add | PT         John D           V         Mike J           SV         Sally S | ones   |   |
|--|---|--|---|
| Type of Action<br>(Check One)  | <u>Title</u>  | <u>Name</u>                                    | <u>Addres</u> s                           |
| l) Change<br>× Add   | <u>VP</u>   | DANIELLE NETTLES                               | 11643 WAKEFIELD DR<br>PENSACOLA, FL 32514 |
| Remove   |   |  | <del></del>                               |
| 2) Change<br>Add   | <u>vp</u>   | SHEILA GILLAM                                  | 825 MAPLEWOOD DR<br>PENSACOLA, FL 32534   |
| X   Remove   | TRES  | DAVID WHITE                                    | 6509 SCHWAB ST<br>PENSACOLA, FL 32513     |
| 4) Change Add  | TRES  | WILLIAM GILLAM                                 | 825 MAPLEWOOD DR<br>PENSACOLA, FL 32534   |
| x Remove  5) Change Add  |   |  |   |
| Remove 6) Change Add   |   |  |   |
| Remove E. <u>If amending or add</u> (attach additional sho                 | ing additional Ar<br>vets, if necessary).                                 | ticles, enter change(s) here:<br>(Be specific) |   |
|  |   |  |   |
|  |   |  |   |

|  |   |                             | <del></del>       |                        |                     |
|--|---|-----------------------------|-------------------|------------------------|---------------------|
|  |   | <u> </u>                    |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   | ,                           |                   |                        |                     |
|  |   |                             | <u> </u>          |                        | <del></del>         |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
| ,  | <u></u>                                       |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             | ·                 |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             | ···               |                        | <del></del>         |
|  |   |                             |                   | <del></del>            | <del></del>         |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   | ·                      |                     |
|  |   |                             |                   |                        |                     |
|  | <u>,                                     </u> | <u> </u>                    |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
| The date of each amendment(s) adoptic date this document was signed.                 | on:   |                             |                   |                        | , if other than the |
| Effective date if applicable:  |   |                             |                   |                        |                     |
|  |   |                             |                   |                        |                     |
| Note: If the date inserted in this block do document's effective date on the Departm | nes not meet the ar<br>nent of State's reco   | oplicable statutor<br>ords. | y filing requirem | ents, this date will n | ot be listed as the |
| 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 | 12/19/2022 |
| Dated | Signature | Signature

(Title of person signing)