

N 30956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

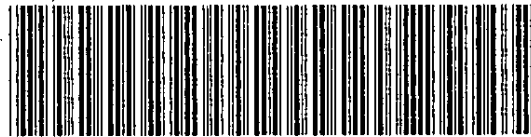
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend & N.C.*  
C.COULLETTE

JUL 22 2010

EXAMINER

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** SOUL HARVEST MIRACLE REVIVAL CENTER, INC.

**DOCUMENT NUMBER:** N30956

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

Please return all correspondence concerning this matter to the following:

RONNIE JOHNSON

(Name of Contact Person)

SOUL HARVEST MIRACLE REVIVAL MINISTRY

(Firm/ Company)

1923 TURNER RD SE ATLANTA GA 30315

(Address)

ATLANTA GA 30315

(City/ State and Zip Code)

ANointedCROWN@yahoo.com

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

For further information concerning this matter, please call:

RONNIE JOHNSON

(Name of Contact Person)

at ( 404 ) 454-6890

(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

SOUL HARVEST MIRACLE REVIVAL CENTER, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N30956  
(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:**

SOUL HARVEST MIRACLE REVIVAL MINISTRY, 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)

9 BAHIA PLACE LOOP  
OCALA FL 34472

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

1923 TURNER ROSE  
ATLANTA GA 30315

**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:

ESTELIA FORD

New Registered Office Address:

9 BAHIA PLACE LOOP

(Florida street address)

OCALA

(City)

Florida

(Zip Code)

34472

**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  
SECRETARY 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Williams, MARVENNETTE</u>	<u>1923 TURNER RD</u> <u>ATLANTA GA 30315</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

N/A

The date of each amendment(s) adoption: July 21, 2010

Effective date if applicable: July 21, 2010  
(date of adoption is required)  
(no more than 90 days after amendment file date)

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 July 21, 2010

Signature Dr. Cora Lee Palmer

(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)

DR. CORA LEE PALMER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)