

N42565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

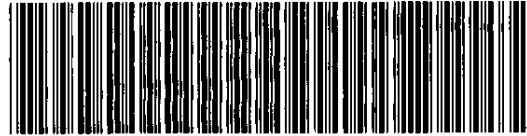
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/11--01026--005 **43.75

Amend/NC

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11 JUN 10 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-6-10-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2011

REV. ELVETA BAKER
3652 S W CONIFEAR ST
PORT ST LUCIE, FL 34953

SUBJECT: BETHESDA PENTECOSTAL CHURCH OF GOD IN CHRIST
JESUS, INC.
Ref. Number: N42565

We have received your document for BETHESDA PENTECOSTAL CHURCH OF GOD IN CHRIST JESUS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N10000004710 - TRUE VINE WORSHIP CENTER INC. Page 2 of you document is missing..

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 911A00013493

RECEIVED
11 JUN 10 AM 8:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Bethesda Pentecostal Church of God in
Christ Jesus Inc

DOCUMENT NUMBER: N42565

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

Please return all correspondence concerning this matter to the following:

Rev Elveta Baker
(Name of Contact Person)

(Firm/ Company)

3652 SW Conibear St
(Address)

Port St Lucie FL 34953
(City/ State and Zip Code)

Revbaker1@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev Elveta Baker at (772) 626-4338
(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

Bethesda Pentecostal Church of God in Christ
(Name of Corporation as currently filed with the Florida Dept. of State)

NH2565
(Document Number of Corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 True Vine Worship Temple 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)

603 Tumbler Kling Rd
Fort Pierce
FL 34982

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

3652 SW Conibeat St
Port St Lucie
FL 34953

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: Rev Elveta Baker

New Registered Office Address: 3652 SW Conibeat St
(Florida street address)

Port St Lucie, Florida FL
(City) (Zip Code) 34953

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.

Rev Elveta Baker
Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 5-23-11
(date of adoption is required)

Effective date if applicable: _____
(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 5-23-11

Signature Rev Elveta E Baker
(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)

Rev ELVETA E BAKER
(Typed or printed name of person signing)

Pastor
(Title of person signing)