

# N42909

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Deon Van Staden  
gave permission  
to add new name  
E. Smith.  
DL

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04-21-10



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04/06/10--01027--005 \*\*43.75

EXPIRATION DATE

5-1-10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 16 PM 2:27

FILED

n/c

D. CONNELL APR 22 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2010

DEON VANSTADEN  
3264 TOWNSEND BLVD.  
JACKSONVILLE, FL 32277

SUBJECT: FREEDOM HOUSE FELLOWSHIP, INC.  
Ref. Number: N42909

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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 L07000028089.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 110A00008703

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Freedom House Fellowship

**DOCUMENT NUMBER:** N42909

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

Please return all correspondence concerning this matter to the following:

Deon Vanstaden

(Name of Contact Person)

(Firm/ Company)

3264 Townsend Blvd

(Address)

Jacksonville, FL, 32277

(City/ State and Zip Code)

deonvanstaden@comcast.net

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

For further information concerning this matter, please call:

Deon Vanstaden

(Name of Contact Person)

at ( 904 ) 910-3305

(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

Freedom House Fellowship, Inc.

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

N42909

(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 GATE FELLOWSHIP, 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:

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

**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>
			<input type="checkbox"/> Add
			<input 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)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: April 1, 2010

*(date of adoption is required)*

Effective date if applicable: May 1, 2010

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

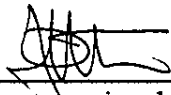
**(CHECK ONE)**

☐ 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 April 1, 2010

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)

Deon Vanstaden

(Typed or printed name of person signing)

President

(Title of person signing)