N44540

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2020 XIX 29 FH 8: 37

Amend

APR S 0 7070 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Greater Praise Te	emple of Truth			
DOCUMENT NUME	N44540				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	eter to the following:			
	Pastor Evelyn Lane				
,	Name of Contact Person				
	Greater Praise Temple of Truth				
	Firm/ Company				
	P O Box 14941				
	Address				
	Tallahassee, FL 32317				
		City/ State and Zip Code	:		
	motherelane@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Evelyn Lane		at (893-4875		
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rrtment 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		



April 7, 2020

PASTOR EVELYN LANE P.O. BOX 14941 TALLAHASSEE, FL 32317

SUBJECT: GREATER PRAISE TEMPLE OF TRUTH, INC.

Ref. Number: N44540

We have received your document for GREATER PRAISE TEMPLE OF TRUTH, 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):

You failed to make the correction(s) requested in our previous letter.

Please complete/submit the form in its entirety as the first page of the amendment form 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) 245-6050.

Letter Number: 020A00007422

Irene Albritton Regulatory Specialist II

www.sunbiz.org

March 13, 2020

PASTOR EVELYN LANE P.O. BOX 14941 TALLAHASSEE, FL 32317

SUBJECT: GREATER PRAISE TEMPLE OF TRUTH, INC.

Ref. Number: N44540

We have received your document for GREATER PRAISE TEMPLE OF TRUTH, 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):

Please complete/submit the form in its entirety.

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: 720A00005647

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation

Greater Praise To	emple of Truth,	INIC
Name of Corporation as currently filed with the Florida I	Dept. bf State)	•
N 44540)	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporat	ion:	
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name	tion" or "incorporated" or the abbreviation "Corp." (_The new or "Inc."
	\sim	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
		2020
C. Enter new mailing address, if applicable:	×	7.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		63
		<u>-</u> = ₹
D. If amending the registered agent and/or registered office		8: 37
new registered agent and/or the new registered office a	ddress:	_
Name of New Registered Agent:		
	(Florula street address)	
New Registered Office Address;	(r to this street water cas)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. I am fai		
	ignature of New Registered Agent, if changing	
	not changing	

and address of each Offi (Attach additional sheets, Please note the officer/dir P = President; V = Vice P Executive Officer; CFO = held. President, Treasurer Changes should be noted.	cer and/or Direct if necessary) ector title by the fi resident; T= Treas Chief Financial C r, Director would t in the following ma	rst letter of the office litle: surer; S= Secretary; D= Director; TR= Trus)fficer. If an officer/director holds more than ne PTD.	stee; C = Chairman or Clerk; CEO = Chief n one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
Mike Jones, V as Remove,	and Sally Smith, S	SV as an Add.	
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
(Check One)			
1) Change Add	TR	Ramona Alisa Lane - Redding	2713 Heron Landing Court Orlando, FL 32837
Remove			
2) Change	TR	Robert Lane, Jr.	238 N. Charles Willis Dr.
X Add			Midway, FL 32343
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change			
Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		Page 2 of 4 cles, enter change(s) here: (Be specific)	
only	adding	2 names to	the charter

	•	
		
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	··· · ··· ···	
		
	$Q = IQ = 1\lambda + \lambda$	
The date of each amendment(s) adoption	<u>3-13-2020</u>	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
·	The more than 77 days systemenance myste that y	
Note: If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date will not be	listed as the
document's effective date on the Departme	ont of State's records.	
accument a criceric date on the Departme	IN WI CHAIR D ICCOIND.	
Adoption of Amendment(s)	(CHECK ONE)	
Adoption of Amendment(s)	(CILCA ONL)	
The sum of	through a managed and a first managed and a first and	
ine amendment(s) was/were adopted	by the members and the number of votes cast for the amendment(s)	

(4)

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

North 13 2020

Signature

(By the chairman of 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)

EVELYM LANE

(Typed or printed name of person signing)