## N48410

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SECRETARY OF STATE

Amend + 14/C TB 3/27/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TRUE FA	ITH CHURCH OF GOD	_
DOCUMENT NUMBER: N48410		,
The enclosed Articles of Amendment and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
ETHLYN WEBB		
(Na	me of Contact Person)	
COGOP INC OFGREENA		
	(Firm/ Company)	
116 BROWARD AVE	(Address)	
	(Aumess)	
GREENACRES FL 33463		
For further information concerning this matt	y/ State and Zip Code) er, please call:	
ETHLYN WEBB	at ( 561 ) 512 -7964	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	,
Enclosed is a check for the following amoun	at made payable to the Florida Department of State:	•
☐ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Certified Copy Certificate of Certificate of Certified Copy is enclosed)  Certified Copy is Certified Copy (Additional is enclosed)	of Status opy Copy
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	N. CA
	to	25x 49
	Articles of Incorporation	11/92 6
	of	AHATAR PH
		SEOF
TRU	JE FAITH CHURCH OF GOD	INC.
(Name of Corporat	tion as currently filed with the Florida D	ept. of State)
	N48410	·O <sub>A</sub>
(Do	cument Number of Corporation (if known)	

(Document N	lumber of Corporation	on (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	06, Florida Statutes, f Incorporation:	this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation	<u>ı:</u>	
TRUE FAITH CHURCH OF GO	D OF PROPH	ECY Inc.	<b>a</b>
The new name must be distinguishable and			
abbreviation "Corp." or "Inc." <u>"Company</u>	" or "Co." may not	be used in the name.	
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR.</u>			
C. Enter new mailing address, if applical	hle•		
(Mailing address MAY BE A POST OF			
		····	
			The state of the s
D. If amending the registered agent and/o			nter the name of the
new registered agent and/or the new re	egistered office add	ress:	
Name of New Registered Agent:			
New Registered Office Address:	(Florid	da street address)	
			Elovido
		(City)	, Florida (Zip Code)
Nam Danistana di Anna di Circo di Circo di Anna di Circo di C			•
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.			ept the obligations of the
_	Signature of New	Registered Agent, if cl	nanging

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>	Name	Address	Type of Action
<u>DVP</u>	CLARICE LEITNER	EL 00400	Add Remove
<u>SD</u>	ELSA JOHNSON	4324 LAKE LUCERINE CI WEST PALM BEACH FLORIDA 33409	Add Remove
<u>T</u>	WINSTON JOHNSON	4324 LAKE LUCERINE C WEST PALM BEACH FLORIDA 33409	Add Remove
(attach ada	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci	(fic)	22402
	DONNA KERR (DVP) 831 HAWT		
REMOVE .	JULENE POOLE (T ) 3009 S TEF	RRACE DR WEST PALM BE	ACH FL 33407
REMOVE	LIONEL HINDS (D) 532 46TH ST	WEST PALM BEACH FL 33	407
REMOVE	SYRENE WRIGHT (SD) 710 45T	H ST WEST PALM BEACH	FL 33407
REMOVE	HARLEY TAYLOR (T) 400 47TH	ST WEST PALM BEACH FL	. 33407
PLEASE RI	EMOVE ALL THE ABOVE FROM	INCORPORATION.	
************	<del></del>	,,,,,,,, .	
		,	
		······································	
			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
			······
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The date of each amendment	(s) adoption: 2/26/2009
Effective date <u>if applicable</u> :	FEBRUARY 26TH, 2009
Effective date in appricable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 2/26 Signature _	Ooris Whight
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	DORIS WRIGHT (Typed or printed name of person signing)
	DIRECTOR /PRESIDENT (Title of person signing)
	( rine or berson signing)

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