

N/93000004563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

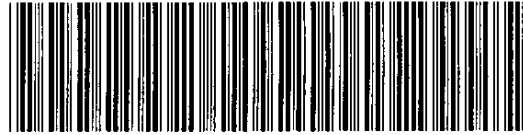
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*None Charge*  
*Amend*

01/04/08--01002--002 \*\*43.75

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2008 JAN -3 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
1/3/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Daytona Beach Fellowship Church of Praise, Inc.

**DOCUMENT NUMBER:** N93000004563

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

Please return all correspondence concerning this matter to the following:

Dr. Tony A Simmons, Sr.

(Name of Contact Person)

Daytona Beach Fellowship Church of Praise, Inc,

(Firm/ Company)

247 Courtland Boulevard

(Address)

Deltona Florida 32738

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. Tony A Simmons, SR.

(Name of Contact Person)

at ( 912 ) 271-4735

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

ASR

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Please drop Shirley Stevens, P.O. Box 390654, Deltona Fl 32738 as secretary.

(Attach additional pages if necessary)  
(continued)

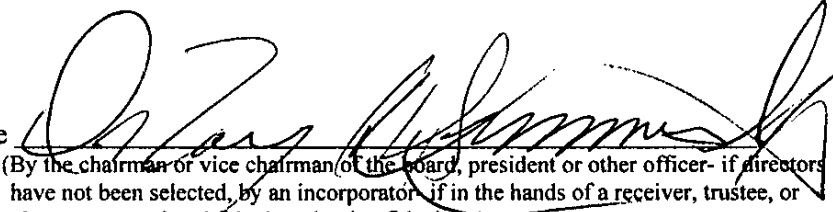
The date of adoption of the amendment(s) was: December 19, 2007

Effective date if applicable: December 19, 2007  
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Dr. Tony A. Simmons, Sr.

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**