

N94 00000 1608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

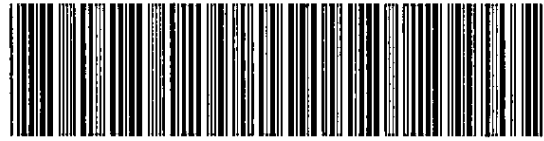
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NNA

2544

Office Use Only



300343144243

04/16/20--01003--014 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAY 18 PM 3:25

Amend/ Name Change

MAY 20 2020

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GRACE COMMUNITY CHRISTIAN AND MISSIONARY ALLIANCE CHURCH, INC.

DOCUMENT NUMBER: N94000001608

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

Please return all correspondence concerning this matter to the following:

Elizabeth Lynn Joseph  
(Name of Contact Person)

(Firm/ Company)

7013 Merganser Ct.  
(Address)

Lake Worth, FL 33463  
(City/ State and Zip Code)

elijoe91@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Lynn Joseph at 561 374-2684  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
MAY 18 PM 3:26



2020 MAY 10 11:31  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2020

ELIZABETH LYNN JOSEPH  
7013 MERGANSER CT  
LAKE WORTH, FL 33463

SUBJECT: GRACE COMMUNITY CHRISTIAN AND MISSIONARY ALLIANCE  
CHURCH, INC.  
Ref. Number: N94000001608

We have received your document for GRACE COMMUNITY CHRISTIAN AND MISSIONARY ALLIANCE CHURCH, 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.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 520A00009258

Articles of Amendment  
to  
Articles of Incorporation  
of

GRACE COMMUNITY CHRISTIAN AND MISSIONARY ALLIANCE CHURCH, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAY 18 PM 3:29

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

N94000001608

(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 GRACE CHURCH OF FLORIDA, 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.*

6200 LAKE WORTH RD.

**B. Enter new principal office address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)** GREENACRES, FL 33463

**C. Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7013 MERGANSER CT.

LAKE WORTH, FL 33463

**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: ELIZABETH LYNN JOSEPH

7013 MERGANSER CT.

*(Florida street address)*

New Registered Office Address:

LAKE WORTH

33463

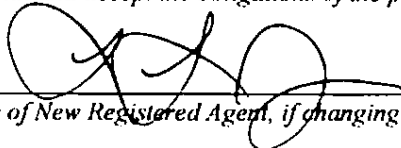
*(City)*

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)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <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)*

---



---



---



---



---

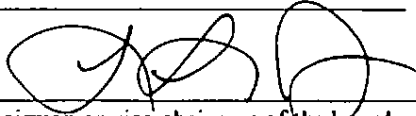


- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

05/08/2020

Dated \_\_\_\_\_

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)

ELIZABETH LYNN JOSEPH

\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR

\_\_\_\_\_  
(Title of person signing)