

N94000002208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
12 JUL -9 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 11 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2012

SYLBURN WILLIAMS  
2271 EVERGLADES DR  
MIRAMAR, FL 33023

SUBJECT: HALLELUJAH SQUARE CHURCH OF GOD, INC.  
Ref. Number: N94000002208

We have received your document for HALLELUJAH SQUARE CHURCH OF GOD, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pages 3 & 4 are 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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 512A00017674

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Hallelujah Square Church of God Inc.**

DOCUMENT NUMBER: **N94000002208**

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

Please return all correspondence concerning this matter to the following:

**Sylburn Williams**

(Name of Contact Person)

(Firm/ Company)

**2271 Everglades Dr.**

(Address)

**Miramar, Florida 33023**

(City/ State and Zip Code)

**wgln9w@aol.com**

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

For further information concerning this matter, please call:

**Glenis Williams** at ( **678** ) **640-4748**

(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:

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

2012 JUL -9

TO THE SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

Hallelujah Square Church of God, Inc.

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

N94000002208

(Document Number of Corporation (if known))

FILED

12 JUL -9 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

Full Grace Gospel Ministry 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: \_\_\_\_\_

(Florida street address)

New Registered Office 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)

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.

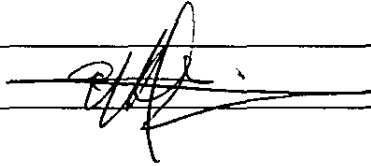
Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Leland Moncrieffe</u>	<u>818 SW 9 st, Apt E</u> <u>Hallandale, FL 33001</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Janet Brown</u>	<u>6057 SW 34th ST</u> <u>Miramar FL 33025</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Titus P. Hayden</u>	<u>8424 SW 29th ST</u> <u>Miramar FL 33025</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Valda L. Hayden</u>	<u>8424 SW 29th ST</u> <u>Miramar FL 33025</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Glenis Williams</u>	<u>2271 Everglades Dr</u> <u>Miramar, FL 33023</u>
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 amending  
or adding of additional Articles  
at this time.

A handwritten signature in black ink, consisting of a stylized 'A' followed by a horizontal line and a small flourish.

The date of each amendment(s) adoption:

June 13, 2012

Effective date if applicable:

(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

June 26, 2012

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)

Sylburn Williams

(Typed or printed name of person signing)

President

(Title of person signing)