



COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THREE DIMENSIONS GOSPEL FELLOWSHIP INC.

DOCUMENT NUMBER: N95000004263

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

Please return all correspondence concerning this matter to the following:

BISHOP ABIODUN JONATHAN OLOFIN (A.J.)  
(Name of Contact Person)

THREE DIMENSIONS GOSPEL FELLOWSHIP  
(Firm/ Company)

17767 69TH STREET NORTH  
(Address)

LOXAHATCHEE FLORIDA 33470  
(City/ State and Zip Code)

BISHOP A.J. OLOFIN AT AT&T.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BISHOP A. J. Olofin at ( 954- ) 292-3741  
(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)

RECEIVED

14 FEB 27 PM 1:40

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 MAR 2014 10:42 AM  
DEPARTMENT  
DIVISION OF  
CORPORATIONS  
TALLAHASSEE  
FLORIDA

March 12, 2014

BISHOP OBIODUN J. OLOFIN  
THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.  
17767 69TH STREET NORTH  
LOXAHATCHEE, FL 33470

SUBJECT: THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.  
Ref. Number: N95000004263

We have received your document for THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.. However, the document has not been filed and is being returned for the following:

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 314A00005419



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2014

BISHOP ABIODUN J. OLOFIN  
THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.  
17767 69TH STREET NORTH  
LOXAHATCHEE, FL 33470

SUBJECT: THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.  
Ref. Number: N95000004263

We have received your document for THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 214A00004435

RECEIVED

14 MAR 12 PM 12:33

REGISTRATION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
14 MAR 27 PM 2:30

THREE DIMENSIONS GOSPEL FELLOWSHIP INC.

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

1495000004263

(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:**

THREE DIMENSIONS GOSPEL FELLOWSHIP CHURCH OF GOD INT. 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. WORSHIP CENTER

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

5621 PEMBROKE ROAD  
HOLLYWOOD FLORIDA -  
33023

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

17767 69<sup>TH</sup> STREET -  
NORTH, LOXAHATCHEE  
FLORIDA 33470

**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: N/A

N/A  
(Florida street address)

New Registered Office Address:

N/A, Florida N/A  
(City) (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	<u>N/A</u>	_____	_____
<input type="checkbox"/> Add		_____	_____
<input type="checkbox"/> Remove		_____	_____
2) <input type="checkbox"/> Change	<u>N/A</u>	_____	_____
<input type="checkbox"/> Add		_____	_____
<input type="checkbox"/> Remove		_____	_____
3) <input type="checkbox"/> Change	<u>N/A</u>	_____	_____
<input type="checkbox"/> Add		_____	_____
<input type="checkbox"/> Remove		_____	_____
4) <input type="checkbox"/> Change	<u>N/A</u>	_____	_____
<input type="checkbox"/> Add		_____	_____
<input type="checkbox"/> Remove		_____	_____
5) <input type="checkbox"/> Change	<u>N/A</u>	_____	_____
<input type="checkbox"/> Add		_____	_____
<input type="checkbox"/> Remove		_____	_____
6) <input type="checkbox"/> Change	<u>N/A</u>	_____	_____
<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)

NA

P.S. As of June 11<sup>th</sup> 2013, we became affiliated with Church of God International.

For many years we were a small Church with five members plus few childrens.

This is why it is necessary to change our name again.

THE NAME SHOULD READ: THREE DIMENSIONS - GOSPEL FELLOWSHIP CHURCH OF GOD INTERNATIONAL INC: WORSHIP CENTER

The date of each amendment(s) adoption: 2-19-14, if other than the date this document was signed.

Effective date if applicable: ~~the~~ Immediately  
(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 3-19-14

Signature [Handwritten 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)

[Handwritten Signature] (Abiodun J. Olofin)  
(Typed or printed name of person signing)

Director  
(Title of person signing)