N9700000129

(Requestor's Name)				
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PICK-UP	WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The Apostles Foundation church of Jesus Christ, IKC. 197000000129 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: The Apostles Foundation Church of JESUS Christ (Firm/Company) 920 A. PARSONS AVE. SEFFLER, FL 33584
(City/State and Zip Code) For further information concerning this matter, please call: ELROY HUFF
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation

	Articles of Amendment
	Articles of Incorporation
	of the state of th
The Apostles Foundat	non Church of Jesus Christ Ide. > 336
	المتعمرة والمتلا المتعلق المتع
N9700000	
. (Docum	ment Number of Corporation (if known)
ursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the	e corporation:
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam	d "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applica	ble: \mathcal{A}/\mathcal{A}
rincipal office address <u>MUST BE A STREET A</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) A/A
	N/A
•	
	\sim
If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	M/A
	A/A
New Registered Office_Address:	(Florida street address)
New Registered Office Address.	1/4
	A A A, Florida $A A$ (City) (Zip Code)
	·
w Registered Agent's Signature, if changing Reserved agent pereby accept the appointment as registered agent	tegistered Agent: 1. I am familiar with and accept the obligations of the position.
_	Signature of New Registered Agent, if changing
	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: X Change X Remove X Add	PT John E V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Theresa M. Young	114 N. MONTCLAIR AVE
_ X _ Add	•		BRANDON, FL
Remove			33510
2) Change		BRENDA L. MCGER	501 DONNA DR.
X Add	•		BRANDON, FL
Remove			33510
3) Change		TIMOTHY L. BYKD	3625 A. 554 St.
Add		,	TAMPA, FL
Remove			33619
4)Change			
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Mission Statement				
OUR Mission is to help those wHO NEED A SECOND CHANCE				
THROUGH THE LOVE OF GOD				
Vision Statement				
Our Vision is to teach men and women the true				
Apostolic Doctrine. To MALK ACCORDINGLY AND live A				
Victorious life doing Goo's Will.				

The date of each amendment(s) adoption date this document was signed.	1:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file de	ate) .
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirent of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast f	for the amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amend	dment(s) was/were
Dated MARCH	1 29, 2014	
Signature Signature	vice chairman of the board, president or other	officer-if directors
have not been select	cted, by an incorporator — if in the hands of a recel fiduciary by that fiduciary)	
E	Cryped or printed name of person sign	
	₹Typed or printed name of person sign	ing)
P	RESIDENT	
	(Title of person signing)	

Mission Statement

Our Mission is to help those who need a second chance through the love of God

Vision

Our Vision is to teach men and women the true Apostolic Doctrine. To walk accordingly and live a victorious life doing God's will.