N97000002491

(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: McKoy Eulem Paul Acros
gave permission to add the titles for the new afficers and fix corr. Name. 04-15-10 DC
and fix Corp. Name.

Office Use Only



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SECRETARY OF STAIL

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APR 16 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2010

EULEM PAUL MCKOY
TRUE WITNESS CHURCH OF JESUS CHRIST APOS
2776 N.W. 79 AVE.
MARGATE, FL 33063

SUBJECT: TRUE WITNESS CHURCH OF JESUS CHRIST APOSTOLIC, INC.

Ref. Number: N97000002491

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

The current name of the entity is as referenced above. Please correct your document accordingly.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 510A00007555

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: TRUE WITH	ress Church of Jesus Chest Apostolic
DOCUMENT NUMBER:N97(000002491
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Eulem Pal (Name of C	ontact Person)
TRUP WITNESS Ch	nurch of Jesus Christ Apostolicana
2776 NW	79 AIR
	ldress)
Margate F	=1 33063 and Zip Code)
	for future arinual report notification)
For further information concerning this matter, please of	call:
Evlem MUCO (Name of Contact Person)	at (954) 394-3290 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
20 1600	

Articles of Amendment

to

Articles of Incorporation

of	1 110	
True Witness Church	of Jesus Christ Apostulic, INC	-4
(Name of Corporation as currently filed with	the Florida Dept. of State)	
NOTHORN	<u> </u>	
(Document Number of Corporat	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts	
A. If amending name, enter the new name of the corporation	<u>on:</u>	
The new name must be distinguishable and contain the word	d "cornoration" or "incornorated" or the	
abbreviation "Corp." or "Inc." "Company" or "Co." may no		
B. Enter new principal office address, if applicable:	185 NW 30th Ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pompano Buh	
	FL 33066 33066	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. DOY 6668010	
	Pompano Bun	
	FL 33069	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent:	MA BÉÉ B T	
	NA SAR F	
New Registered Office Address: (Flor	rida street address)	
	, Florida 5	
	(City) (Zip Coate)	
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the	

Signature of New Registered Agent, if changing

position.

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)

Title Secretar	<u>Name</u>	Address	Type of Action
Officer	Helco burton	POMMAND FLOOR	Add Remove
Minister Dff1111	Helco Burton Hyaunth Jones	185 NW 38th AN	Add Remove
Offuer	Oral WIKS	185 NW 30th AW	☐ Add
·		33066	Ly Komove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
			
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•		111711	()
The date of each amendment(s):	adoption:	4111	
Effective date if applicable:	(date of adoptio	n is required) [O
	(no more than 90 days afte	r amendment file da	ie)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were awas/were sufficient for approva		number of votes cast	for the amendment(s)
There are no members or mem adopted by the board of directors	nbers entitled to vote on the amerors.	ndment(s). The amen	ndment(s) was/were
Dated Signature/	4/1/10 Lalan P MG	Ta)	
	chairman or vice chairman of th	board, president or	other officer-if directors
	ot been selected, by an incorpora		s of a receiver, trustee, or
other co	ourt appointed fiduciary by that t	fiduciary)	
_	Fulem Par	ul MCH	404
	(Typed or printed nam	e of person signing)	g
	Dice	Preside	enti
_	(Title of person	signing)	1