

N 97000002993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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03/30/11--01015--005 **43.75

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11 APR 12 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.
C.COULLIETTE

APR 12 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

Change to Ministry
Church

NAME OF CORPORATION:

Greater Apostle Faith Ministry Inc.

DOCUMENT NUMBER:

099000002993

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

Please return all correspondence concerning this matter to the following:

Debra S Pierce

(Name of Contact Person)

(Firm/ Company)

11015 Legacy Place Condo 204

(Address)

Palm Beach Gardens, FL 33410

(City/ State and Zip Code)

For further information concerning this matter, please call:

Debra S Pierce

(Name of Contact Person)

at (561) 624-0705

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2011

DEBRA S. PIERCE
17111 SW MAGNOLIA ST
INDIANTOWN, FL 34956

Wrong Add:

SUBJECT: GREATER APOSTLE FAITH CHURCH, INC.
Ref. Number: N97000002993

We have received your document for GREATER APOSTLE FAITH CHURCH, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00007835

RECEIVED
11 APR 12 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

α to

of

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

11 APR 12 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The date of adoption of the amendment(s) was: March 22, 11

Effective date if applicable: March 22, 11
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Debra S. Perco
(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.)

Debra S. Perco
(Typed or printed name of person signing)

Pastor
(Title of person signing)

FILING FEE: \$35