

N97000005148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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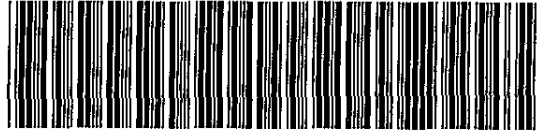
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Smith

AUG 01 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Brotherly Love Outreach Ministries

DOCUMENT NUMBER: N97000005148

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

Please return all correspondence concerning this matter to the following:

Sheila Wilson

(Name of Contact Person)

Brotherly Love Outreach Ministries

(Firm/ Company)

2623 S. Burnby Ave

(Address)

Mailing Address

P.O. Box 551580

Orlando, FL 32855

Orlando FL 32810

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Sheila Wilson

(Name of Contact Person)

at (407) 963-6568

(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
409 E. Gaines Street
Tallahassee, FL 32399

Brotherly Love Outreach Ministries Inc.

N97000005148

Brotherly Love Family Worship Center, Inc.

(continued)

The date of adoption of the amendment(s) was: June 1, 2005

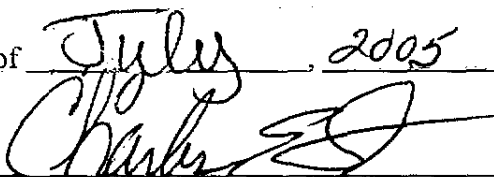
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment 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.

Signed this 27 day of July, 2005

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Charles E. Dorn

(Typed or printed name of person signing)

Pastor

(Title of person signing)

FILING FEE: \$35