N980000034Z

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	7)
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE HS
DIVISION OF CORPORATIONS
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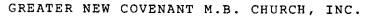
Amend Name 10, 3/31/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPORATION: GREATER: N	NEW COVENANT M.B. CHU	RCH, INC.
DOCUMENT	NUMBER: <u>N9800000034</u> 2	2	
The enclosed	Articles of Amendment and fee ar	re submitted for filing.	
Please return a	all correspondence concerning this	s matter to the following:	
	•		
	KETLIE K. DANIELS		
	(Name o	of Contact Person)	
	TAX-MACK USA, INC.		
	(Fir.	m/ Company)	
	9820 N.W. 7th AVENU	JE	
		(Address)	
	MIAMI, FLORIDA 3315	i 0	
		ate and Zip Code)	
For further inf	formation concerning this matter,	•	
	DANIELS	at (305) 693-519	5
((Name of Contact Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a	check for the following amount m	ade payable to the Florida Depa	rtment of State:
□\$35 Filing Fee	e \$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)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations sox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ole

Articles of Amendment to Articles of Incorporation of



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

N98000000342

(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:

HOUSE OF PRAYER MISSION. ne new name must be distinguishable an	d contain the word	"corporation" or "ir	acorporated" or the
breviation "Corp." or "Inc." <u>"Company</u>	v" or "Co," may not	t be used in the name.	
Enter new principal office address, if	applicable:		
rincipal office address <u>MUST BE A STR</u>		17201 S.W.	103rd AVENUE
		MIAMI, FLORE	IDA 33157
Enter new mailing address, if applica			
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	·	
			nter the name of th
If amending the registered agent and/onew registered agent and/or the new r			nter the name of th
			nter the name of th
new registered agent and/or the new r			nter the name of th
new registered agent and/or the new r Name of New Registered Agent:	egistered office add	dress:	nter the name of th
new registered agent and/or the new r	egistered office add		nter the name of th
new registered agent and/or the new r Name of New Registered Agent:	egistered office add	dress: ida street address)	, Florida
new registered agent and/or the new r Name of New Registered Agent:	egistered office add	dress:	
new registered agent and/or the new r Name of New Registered Agent:	registered office add (Flori	ida street address) (City) gent:	, Florida (Zip Code)

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DTD	GEORGE MABRY	590 NW 6th AVENUE MIAMI, FL 33117	Adđ Remove
<u>T</u>	DEBORAH DICKERSON	6700 N.W. 14th AV	^{7E} □ Add □ 図 Remove
<u>ST</u> _	PHILLIS MABRY	590 N.W. 6th AVES MIAMI, FL 33117	NUE□ Add ☑ ☑ Remove
	ding or adding additional Articles, ento dditional sheets, if necessary). (Be spe		

<u>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:</u>

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
CLERK	CHARITY L. ZEIGLER	22642 SW 113 PLACE MIAMI, FL 33170	Add Remove
VP_	WILLIE JAMES WILLIAMS	6611 LAKE SHORE LAN P.O. BOX 157 APM 81 FT. MYERS, FL 33912	⁷ □ Remove
D	LULABELLE WILLIAMS	10755 SW 222 STREET MIAMI, FL 33170	Add Remove
E. If amend (attach ad	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif	change(s) here:	
		*	
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• '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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
FSD	BARBARA REID	12840 SW 268 ST MIAMI, FL 33032	_ Ö Add _ □ Remove
SD	BRIDGET SEWELL	P.O. BOX 901456 MIAMI, FL 33090	⊠ Add □ Remove
TD	PLEDGE WILLIAMS	10755 SW 222 STRE	ETÖ Add _ 口 Remove
E. If amen (attach a	ding or adding additional Articles, endeditional sheets, if necessary). (Be sp	nter change(s) here: necific) .	
		- 	

The date of each amendment	t(s) adoption: MARCH 23, 2009
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
DatedMA	RCH 26, 2009
Signature	CAL.
(By hav	the chairman of vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	JOSEPH G. SEWELL
	(Typed or printed name of person signing)
	PRESIDENT/PASTOR
	(Title of person signing)

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