1980000067

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Certified Copies Certificates of Status	

Office Use Only



900245150349

900245150349 03/01/13--01029--023 **411.25

FILING CANCELLED RETURNED CHECK



S. HAWKES

MAR - 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW LIFE INDEPENDENT CHURCH CORPN989			
DOCUMENT NUMBER: N98900001067			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the f	ollowing:		
J.HAWKINS			
(Name o	f Contact Person	n)	
NEW LIFE INDEPENDENT	CHURC	CH CORP	
(Fire	n/ Company)		
75 N WOODWARD AVE AP	T #800	0-2112	
	Address)		
Tallahassee , Florida 31313			
(City/ St	te and Zip Cod	e)	
projecthope@inbox.com			
E-mail address: (to be used for futur	e annual report	notification)	
For further information concerning this matter, please call:			
To Tarade mornation concerning this matter, prease carr.			
	_{at} 305	,7074673	
	at (305 (Area Co	7074673 ode & Daytime Telephone Number)	
J.Hawkins	(Area Co	ode & Daytime Telephone Number)	
J.Hawkins (Name of Contact Person) Enclosed is a check for the following amount made payable to to \$35 Filing Fee \$\square\$	(Area Content of Area Content	ode & Daytime Telephone Number)	
J.Hawkins (Name of Contact Person) Enclosed is a check for the following amount made payable to to the same of the following amount made payable to the same of	(Area Content of Area Content	ode & Daytime Telephone Number) ertment of State: 2\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
J.Hawkins (Name of Contact Person) Enclosed is a check for the following amount made payable to to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the following amount made payable to the same of the same	(Area Content of Area Content	ode & Daytime Telephone Number) ertment of State: 2\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
J.Hawkins (Name of Contact Person) Enclosed is a check for the following amount made payable to to the same of the following amount made payable to the same of	(Area Content of Area Content	rtment of State: 2\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) Address ment Section n of Corporations Building	
J.Hawkins (Name of Contact Person) Enclosed is a check for the following amount made payable to to the same of the following amount made payable to the same of	(Area Content of the Florida Department of the Florida Department of the Florida Department of the Florida Division Clifton 2661 E.	rtment of State: 2\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) Address ment Section n of Corporations	

Articles of Amendment **Articles of Incorporation**

NEW LIFE INDEPENDENT CHURCH CORP

(Name of Corporation as currently filed with the Florida Dept. of State) N98000001067

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
amendment(s) to its Afficies of incorporation,	FILING CANCELLED
 If amending name, enter the new name of the corporate PROJECT HOPE CORPORATION 	RETURNED CHECK
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
(City)	
New Registered Agent's Signature, if changing Registered	

Page 1 of 4

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	FILING CANCELLE
X Add	<u>sv</u>	Sally Smith	RETURNED CHECK
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change		· ·	
Add			
Remove			
3) Change			
Add _			**************************************
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Remove			

Atta	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	·· · · · · · · · · · · · · · · · · · ·	
	•	
•		
If ar pro	an amendment provides for an exchange, reclassification, or cancellation of issued s rovisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	hares,

The date of each amendmen	et(s) adoption: UZ/ZU/ZU13	
Effective date if applicable:	02/20/2013	
	(no more than 90 days after amendment	file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes pproval.	s cast for the amendment(s)
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The directors.	amendment(s) was/were
		FILING CANCELLED
$\frac{02i}{\text{Signature}}$	114/2013 10/m Houlkins	RETURNED CHECK
(By the	e charman or vice chairman of the board, president on the selected, by an incorporator — if in the hands court appointed fiduciary by that fiduciary)	
J.HAW	KINS	
	(Typed or printed name of person signing)	
VP/S		
	(Title of person signing)	

13 MAR - 1 PM 12: 30