# N9800001078

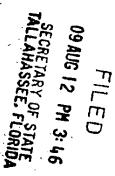
(Rec	uestor's Name)	
· (Add	lress)	
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PICK-UP	☐ WAIT	MAIL .
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: True Gospel F	Pentecostal Communi	ty Church, Inc.
DOCUMENT NUM	BER: N98000001078		<del></del>
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		ner Gaines	
	(Name of	Contact Person)	
	True Gospel Penteco	stal Community Church,	Inc.
	(Firn	n/ Company)	
	4237 W.	Columbia Street	<u> </u>
	(	Address)	
	Orland	do, FL 32811	
	. (City/ Sta	ite and Zip Code)	
	`	ed for future annual report noti	fication)
ror further information	on concerning this matter, pleas	e can:	
Homer Gaines		at (407)_719-1	
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departm	nent of State:
\$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)
Amer Divis P.O.	ing Address Indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

### Articles of Amendment Articles of Incorporation of

### ANTARIAS PASING True Gospel Pentecostal Community Church, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N98000001078 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

he new name must be distinguishable an bbreviation "Corp." or "Inc." <u>"Compan</u>		
. Enter new principal office address, if Principal office address <u>MUST BE A STI</u>		
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
new registered agent and/or the new r		rida, enter the name of the
		rida, enter the name of the
new registered agent and/or the new r		
Name of New Registered Agent:	registered office address:	

## 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
<u>D</u>	Petite, Jacques	4156 Minosa Street Orlando, FL 32811	☐ Add ☑ Remove
<u>SD</u>	Porter, Virginia	1932 Lake Atrium Circle Ωrlando, FL 32839	
<u>M</u>	Palmer, Mae	4308 Lake Lawne Avenue Orlando, FL 32808	☐ Add ☑ Remove
	nding or adding additional Article		
(attach	additional sheets, if necessary). (I	Be specific)	
		,	
,			
•			
<del> </del>			
•		to the second se	

### Amending Officers, continued

Title M	Name Palmer, Mae	Address 4308 Lake Lawn Ave Orlando, FL 32808	<b>Type of Action</b> REMOVE
SD	Gaines, Bertha	3333 Wells Street Orlando, FL 32805	ADD
SD	Lovett, Josie	1421 Kazart Court Orlando, FL 32811	ADD

The date of each amendment(s) adoption: August 2, 2009	
(date of adoption is required)	
Effective date <u>if applicable</u> :	
(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 was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendradopted by the board of directors.	nent(s) was/were
Dated August 3, 2009 Signature Lames	
(By the chairman or vice chairman of the board, president or ot	her officer-if directors
have not been selected, by an incorporator – if in the hands of other court appointed fiduciary by that fiduciary)	
Homer Gaines	
(Typed or printed name of person signing)	
President	
(Title of person signing)	