N9800003436

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TO: Amendment Section Division of Corporations

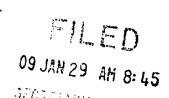
Tallahassee, FL 32314

NAME OF CORPORATION: Ministries Of G	od International Worship C	enter, Inc	
DOCUMENT NUMBER: N98000003436			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Dr. Debra Wooden (Name of	Contact Person)		
Worship Center (Firm	nce and Restoration, Eq. (Company)	jupping) Internationa	
P.O. Box 599 (Address)			
Marianna, FL 32447	e and Zip Code)		
Dr. Debra Wooden (Name of Contact Person)	at (<u>850</u>) <u>272-2388</u> (Area Code & Daytime		
Enclosed is a check for the following amount ma	de payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\times \text{S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Ministries Of God II (Name of Corporation as curre	nternationa	Worship Center, the Florida Dept. of St	Incall AHASSEE. FLO
	<u> 198000003</u>		T
(Document Nun	iber of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of In		s, this <i>Florida Not For F</i>	Profit Corporation adopts
A. If amending name, enter the new name of	f the corporati	on:	
GOD'S D.A.R.E. International Wo	rship Cente	er, Inc.	A
he new name must be distinguishable and cobbreviation "Corp." or "Inc." "Company" o	ontain the word	l "corporation" or "inc	corporated" or the
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			<u> </u>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		P.O. Box 599	
		Marianna, FL 3244	
D. If amending the registered agent and/or new registered agent and/or the new regis			iter the name of the
Name of New Registered Agent:		·	
New Registered Office Address:	(Flo	rida street address)	
			, Florida
		(City)	(Zip Code)
ew Registered Agent's Signature, if changing thereby accept the appointment as registered osition.			ept the obligations of the
	Signature of New	v Registered Agent, if ch	anging

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)

Address Type of Action Title <u>Name</u> Jeffrey Wooden 2947 New Hope Road 💣 🗖 Add VD Marianna, FL 32448 Remove ______ 🚨 Add _____ □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	(s) adoption:	
Effective date if applicable: 1/11/2009		
	(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	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	1/25/09	
Signature	Dr. Dehra Wooden Place & mes Elder Clas filman	
(By	the chairman or vice chairman of the board, president or 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)	
Otto		
	Dr. Debra Wooden Elder E. Jones Elder Clos Johnson (Typed or printed name of person signing)	
	President / Pastor	
	(Title of person signing)	

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