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## **COVER LETTER**

TO:

**Mailing Address:** 

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

Amendment Section

Division of Corporations ANTHONY MINISTIES, INC **DOCUMENT NUMBER: 16000048926** The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RITA JACKMAN Name of Contact Person JACKMAN, STEVENS & RICCIARDI, PA Firm/Company 4575 VIA ROYALE, SUITE 200 FORT MYERS, FL 33919 City/State and Zip Code /our-advocates.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rita Jackman Name of Contact Person Enclosed is a check for the following amount: ■ \$35.00 Filing Fee □ \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy □ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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Clifton Building

Amendment Section

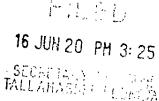
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF CORRECTION

For



## ANTHONY MINISTIES, INC

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

P16000048926	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.	
These articles of correction correct    FLORIDA PROFIT CORPORATION & REGISTRED AGENT NAME & ADDRESS & OFFICER/DIRECTOR DETAIL. (Document Type Being Corrected)	
filed with the Department of State on $\frac{06/02/2016}{\text{(File Date of Document)}}$ .	
Specify the inaccuracy, incorrect statement, or defect: FLORIDA PROFIT CORPORATION NAME HAS BEEN SPELLED	
INCORRECTLY, REGISTERED AGENT NAME IS SPELLED	
INCORRECTLY AND OFFICER / DIRECTOR DETAIL -TITLE VP- NAME	
IS SPELLED INCORRECTLY	
Correct the inaccuracy, incorrect statement, or defect:	
FLORIDA PROFIT CORPORATION SHOULD BE - (ANTHONY MINISTRIES, INC)	
REGISTERED AGENT NAME SHOULD BE - (ANTHONY, CYNTHIA)	
OFFICER/DIRECTOR DETAIL- TITLE VP NAME SHOULD	
BE - ( ANTHONY, CYNTHIA)	
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
Rita Jackman Incorporater	

Filing Fee: \$35.00