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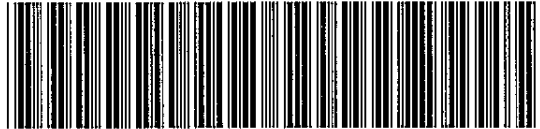
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8/12/05

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tabernacle M. B. Church Community
Empowerment Foundation, Inc.

DOCUMENT NUMBER: NO 400000 2850

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley L. Walker, Sr.

(Name of Contact Person)

Tabernacle M. B. Church

(Firm/ Company)

615 Tuskegee Street / P.O. Box 5982

(Address)

Tallahassee, FL 32310 / 32314

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Stanley L. Walker Sr. (Faye Heron) at (850) 575-2739

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

The date of adoption of the amendment(s) was: 08/09/05

Effective date if applicable: _____
(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 the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 11 day of August, 2005.

Signature Stanley L. Walker, Sr.
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

~~George D. H. H. H.~~ Stanley L. Walker, Sr.
(Typed or printed name of person signing)

~~George D. H. H. H.~~ President/Director
(Title of person signing)

FILING FEE: \$35