

718002

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

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Account Number : 076424001425
Phone : (772) 287-2600
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WORLD MINISTRY OUTREACH INC.**

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Amend.

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03/23/11

Lisa Taube Crary-Buchanan

(2/6) 03/23/2011 01:44:23 PM -0400

350-617-6381

3/23/2011 11:49:20 AM PAGE 1/001 Fax Server



March 23, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WORLD MINISTRY OUTREACH INC.
P.O. BOX 759
OKEECHOBEE, FL 34973US

SUBJECT: WORLD MINISTRY OUTREACH INC.
REF: 718002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000075751
Letter Number: 611A00007066

RECEIVED
11 MAR 23 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WORLD MINISTRY OUTREACH INC.

DOCUMENT NUMBER: 718002

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

Please return all correspondence concerning this matter to the following:

Lisa R. Taube
(Name of Contact Person)

Crary-Buchanan
(Firm/ Company)

P.O. Drawer 24
(Address)

Stuart, FL 34995-0024
(City/ State and Zip Code)

LisaT@crarybuchanan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Taube at (772) 233-4602
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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((R11000075751 3))

Articles of Amendment
to
Articles of Incorporation
of

WORLD MINISTRY OUTREACH INC.

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

718002

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City) _____, Florida _____
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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)

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

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The date of each amendment(s) adoption: March 21, 2011
(date of adoption is required)

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(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated March 21, 2011

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

Faye A. Haverlock
(Typed or printed name of person signing)

President
(Title of person signing)

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