# N00000000036

| (Requestor's Name)                      |                |             |  |  |  |
|---|----------------|-------------|--|--|--|
| (Address)                               |                |             |  |  |  |
| (Ad                                     | dress)         |             |  |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |  |
| PICK-UP                                 | WAIT           | MAIL        |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |
| (Document Number)                       |                |             |  |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |
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Office Use Only



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D CONNELL

# Clarence Ray Ministries, Inc. N00000002036 634 NW 16th Ave.

Pompano Beach, FL 33069 954.614.2716



Date: October 5, 2015

Re: The Well Christian Worship Center, Inc. N15000001234 Dissolution Clarence Ray Ministries, Inc. N00000002036 Amendment

Dear Divisions of Corporation,

Having dissolved: The Well Christian Worship Center, Inc. and being the same incorporator of Clarence Ray Ministries, Inc., would like to Amend: Clarence Ray Ministries, Inc. N00000002036 by doing a name change to: The Well Christian Worship Center, Inc.

Release of name: The Well Christian Worship Center, Inc./ Merceda Stanley, Pres., does not intend to revoke the dissolution of this corporation and gives permission to: Clarence Ray Ministries, Inc. to use the name.

Perceda Stanley

Thank you!

Sincerely,

Merceda Stanley



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2015

LAURNA WILLIAMS CLARENCE RAY MINISTRIES, INC. 7161 PEMBROKE ROAD #600 PEMBROKE PINES, FL 33023

SUBJECT: CLARENCE RAY MINISTRIES, INC.

Ref. Number: N00000002036

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved nonprofit corporation. The name of a voluntarily dissolved nonprofit Florida corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6050.

Letter Number: 315A00020577

Darlene Connell Regulatory Specialist III

www.sunbiz.org

# The Well Christian Worship Center, Inc. N15000001234 and

# Clarence Ray Ministries, Inc. N00000002036

634 NW 16th Ave. Pompano Beach, FL 33069 954,614,2716

Date: August 21, 2015

Re: The Well Christian Worship Center, Inc. N15000001234 Dissolution

Clarence Ray Ministries, Inc. N0000002036 Amendment

Dear Divisions of Corporation,

We the above ministries would like to **dissolve**: The Well Christian Worship Center, Inc. and being the same incorporator of Clarence Ray Ministries, Inc., would like to **Amend**: Clarence Ray Ministries, Inc., N000000002036 by doing a name change to: The Well Christian Worship Center, Inc.

Thank you!

Sincerely,

Merceda Stanley

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### **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| NAME OF CORPORATION: UNCENCE ROLY VIIINSMED LICE  |
| DOCUMENT NUMBER: <u>N000000036</u>  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  (Name of Contact Person)   |
| (Firm/Company)  The Permonder Rd #600  (Address)  (City/State and Zip Code)  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  (Name of Contact Person)  at (954) 274 7864  (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$\int \frac{1}{2} \frac{43.75}{43.75}\$ Filing Fee & \tag{252.50}\$ Filing Fee \tag{252.50}\$ 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

Enclosed)

#### Articles of Amendment

Articles of Incorporation currently filed with the Florida Dept. of State) (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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: (Florida street address) New Registered Office Address: Florida (City) (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

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |             |         |
|----------------------------------|------------------------------------|---------------------------------------|-------------|---------|
| Type of Action<br>(Check One)    | <u>Title</u>                       | Name                                  |             | Address |
| 1) Change                        |                                    |                                       |             |         |
| Add                              |                                    |                                       |             |         |
| Remove                           |                                    |                                       |             |         |
| 2) Change                        |                                    | · · · · · · · · · · · · · · · · · · · | <del></del> |         |
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| Remove                           |                                    |                                       |             |         |
| 3) Change                        |                                    |                                       |             |         |
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| 4) Change                        |                                    |                                       |             |         |
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| - w # ·   | 01/21/20 -   | •   |
|---|--|---|
| The date of each amendment(s) adoption  | on: 8/9/12015  | , if other than the                           |
| date this document was signed.  | V/21/1/15  |   |
| Effective date <u>if applicable</u> :   | (no more than 90 days after amendment file   | late)   |
| Note: If the date inserted in this block do<br>document's effective date on the Departm | nes not meet the applicable statutory filing requirent of State's records.                           | irements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |   |
| The amendment(s) was/were adopted was/were sufficient for approval.                     | d by the members and the number of votes cast  | for the amendment(s)                          |
| There are no members or members e adopted by the board of directors.                    | entitled to vote on the amendment(s). The amen   | ndment(s) was/were                            |
| Dated S   | 71/2015  |   |
| Signature ML  | seda Stanley   |   |
|   | or vice chairman of the board, president or othe<br>ected, by an incorporator — if in the hands of a |   |
|   | nted fiduciary by that fiduciary)  | , 2 2000, 01                                  |
|   | erceda Stanle  | Ц   |
|   | (Typed or printed name of person sig   | ருந்த)  |
|   | Pres.  |   |
| <del></del>   | (Title of person signing)  |   |