

NO1000001533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



300192257773

02/23/11--01016--016 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 15 PM 2:14

FILED

NIC/Amend

SS 3-15-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2011

CDORIS RODRIGUEZ
DORIS BONNET INC TAX & ACCT. SERVICES
1650 SAND LAKE RD 205
ORLANDO, FL 32809

SUBJECT: CENTRO CRISTIANO CASA DE ORACION ADORACION INC.
Ref. Number: N01000001533

We have received your document for CENTRO CRISTIANO CASA DE ORACION ADORACION INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the title(s) of each officer in your document.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 211A00004923

11 MAR 15 AM 10:45
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTRO CRISTIANO CASA DE ORACION Y ADORA

DOCUMENT NUMBER: N01000001533

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

Please return all correspondence concerning this matter to the following:

CDORIS RODRIGUEZ

(Name of Contact Person)

DORIS BONNET INC TAX & ACCT SRVS

(Firm/ Company)

1650 SAND LAKE RD 205

(Address)

ORLANDO FL 32809

(City/ State and Zip Code)

doris@dorisbonnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CDORIS RORIGUEZ

(Name of Contact Person)

at (407) 228-6630

(Area Code & Daytime Telephone Number)

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

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CENTRO CRISTIANO CASA DE ORACION Y ADORACION INC

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

NO1000001533

(Document Number of Corporation (if known))

FILED
2011 MAR 15 PM 2:14

STATE OF FLORIDA

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:

AUDITORIUM OF PRAYER AND WORKSHIP INC

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)

1821 ARMSTRONG BLVD

KISSIMMEE

FL 34741

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

1821 ARMSTRONG BLVD

KISSIMMEE

FL 34741

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)

_____, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

<u>Finance Director</u>	<u>Annette Perez</u>	<u>1821 Armstrong Blvd</u> <u>Kissimmee</u> <u>FL 34741</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>Nadine Cortes</u>	<u>1821 Armstrong Blvd</u> <u>Kissimmee</u> <u>FL 34741</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vocal</u>	<u>Hector M Cortes</u>	<u>1821 Armstrong Blvd</u> <u>Kissimmee</u> <u>FL 34741</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

See attachment (additional sheet)

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

AMENDED:

**CENTRO CRISTIANO CASA DE ORACION Y
ADORACION INC**

AMENDING THE OFFICER AND OTHER

AD

VOCAL	GASPAR LABANINO	1821 ARMSTRONG BLVD KISSIMMEE FL 34741
VOCAL	MARYELINE LABANINO	1821 ARMSTRONG BLVD KISSIMMEE FL 34741
VOCAL	SAMUEL MALDONADO	1821 ARMSTRONG BLVD KISSIMMEE FL 34741
DISCIPLINE DIRECTOR	CARMEN FLORES	1821 ARMSTRONG BLVD KISSIMMEE FL 34741
PRESIDENT OF BOARD OF DIRECTOR	REV.HECTOR CORES JR	1821 ARMSTRONG BLVD KISSIMMEE FL 34741

The date of each amendment(s) adoption: 02-18-2011

(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 02-18-2011

Signature _____

(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)

Rev Mildred Cortes

(Typed or printed name of person signing)

Chairman- Register Agent-Incorporators

(Title of person signing)