

N01800006745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

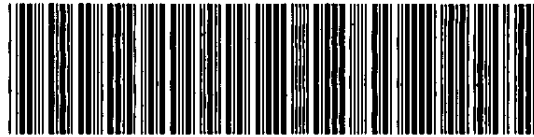
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400161443434

10/13/09--01024--026 **43.75

EXPIRATION DATE
11-07-09

FILED
09 OCT 13 PM 2:48
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

Amend & N.C.
C.COULLETTE

OCT 13 2009

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Life Care Ministries, Inc.

DOCUMENT NUMBER: NO10000006745

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

Please return all correspondence concerning this matter to the following:

Ophelia S. Beckwith
(Name of Contact Person)

Life Care Ministries, Inc.
(Firm/ Company)

P.O. Box 579
(Address)

Fort Pierce, FL 34950
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Ophelia Beckwith at (772) 209-1081
(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:

☐ \$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

Life Care Ministries, Inc

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

NO10000006745

(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:

Life Care Global, 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)

411 S. 18th Street

Fort Pierce, FL

34950

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same -

P.O. Box 579

Fort Pierce, FL 34950

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:

N/A

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.

N/A

Signature of New Registered Agent, if changing

FILED
09 OCT 13 PM 2:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

EFFECTIVE DATE
11-07-09

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>T</u>	<u>Summers Amanda</u>	<u>1644 Mediterranean Blvd N.</u> <u>Port Saint Lucie, FL</u> <u>34952</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Williams Jr. Jesse</u>	<u>646 SW Munjack Cove</u> <u>Port Saint Lucie, FL</u> <u>34952</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Mathews-Moleon, Monique</u>	<u>3209 Virginia Ave</u> <u>Fort Pierce, FL</u> <u>34981</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>James, Elisabeth</u>	<u>615 NE 22nd Street</u> <u>Miami, FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Articles III

This non profit organization is exclusively for one or more of the purposes specified in I.R.C. 501(c) (3). It is established as a community outreach development organization. Its mission is to strengthen communities and develop services that assure family stability and economic self sufficiency. Our services are aimed at tackling social responsibility issues, such as: employment, hunger, housing, youth and adult literacy, GED, youth and adult faith based education, teen pregnancy, the elderly, substance abuse/recovery, domestic violence, youth and gang activity, the homeless, adult mental health, persons with disabilities and technology based projects. Services also include counseling in areas of: HECM housing/home/consumers, careers, and faith based.

The date of each amendment(s) adoption: ALL Amendments June 8, 2009
(date of adoption is required)
Effective date if applicable: November 7, 2009
(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 October 6, 2009

Signature Daphelia S. Beckwith - Pres
(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)

Daphelia S. Beckwith
(Typed or printed name of person signing)

President
(Title of person signing)