

NOI 600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

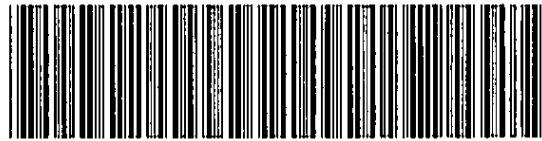
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/15/21

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FILED

2021 MAR 15 PM 6:02

SECRETARY OF STATE  
TALLAHASSEE, FL

3/19/21



Received  
3/15/21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2021

MARILYN LUEHRS  
PO BOX 370  
INTERCESSION CITY, FL

SUBJECT: VICTORY BAPTIST CHURCH OF INTERCESSION CITY, INC.  
Ref. Number: N01600

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 721A00004692

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION:

(Changing this name)  
Victory Baptist Church of Intercession City

DOCUMENT NUMBER:

N01600

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

Please return all correspondence concerning this matter to the following:

Marilyn Luehrs

(Name of Contact Person)

Secretary for Miracle Springs

(Firm/ Company)

P.O. Box 532 - (New) (was P.O. Box 370)

(Address)

Intercession City, FL 33848

(City/ State and Zip Code)

Marilyn.luehrs@ncall@gmail.com

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

For further information concerning this matter, please call:

Marilyn Luehrs

(Name of Contact Person)

at

952-239-9193

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Victory Baptist church of Intercession City,  
(Name of Corporation as currently filed with the Florida Dept. of State)

2021 MAR 15 PM 02:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

NO11600

(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:

Miracle Springs, 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 532  
Intercession City, FL 33848

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:

Dan Luehrs

5541 Osceola Ave,

(Florida street address)

New Registered Office Address:

Intercession City

(City)

Florida 33848  
(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.

Dan Luehrs

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |                |                       |   |
|--|----------------|-----------------------|---|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | to → <u>TR</u> | <u>Bill Wright</u>    | <u>P.O. Box 444</u><br><u>Intercession City, FL 33848</u> |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | to → <u>PD</u> | <u>Dan Luehrs</u>     | <u>P.O. Box 341</u><br><u>Intercession City, FL 33848</u> |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove     | to → <u>TR</u> | <u>Luiz Ferreira</u>  | <u>P.O. Box 226</u><br><u>Intercession City, FL 33848</u> |
| 4) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | to → <u>ST</u> | <u>Marilyn Luehrs</u> | <u>P.O. Box 341</u><br><u>Intercession City, FL 33848</u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            |                |                       |   |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            |                |                       |   |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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[illegible]

- ☐ 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 1-13-21

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)

Dan Luehrs  
(Typed or printed name of person signing)

President / Director  
(Title of person signing)