

NID20000001053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

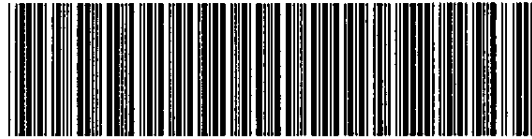
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY - 7 PM 4: 50  
04/16/12--01026--002 \*\*52.50

Amend/cc  
@ 5/8/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Centro Cristiano Emanuel, Inc.**

DOCUMENT NUMBER: **N02000001053**

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

Please return all correspondence concerning this matter to the following:

**Teodulo H. Canizares**

(Name of Contact Person)

**Centro Cristiano Emanuel, Inc.**

(Firm/ Company)

**3223 NW 51 Place**

(Address)

**Gainesville, Florida 32605**

(City/ State and Zip Code)

**ccemanuel77@gmail.com**

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

For further information concerning this matter, please call:

**Teodulo H. Canizares**

(Name of Contact Person)

at **(352) 374-4138**

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2012

TEODULO H. CANIZARES  
CENTRO CRISTIANO EMANUEL, INC.  
3223 NW 51 PLACE  
GAINESVILLE, FL 32605

SUBJECT: CENTRO CRISTIANO EMANUEL, INC.  
Ref. Number: N02000001053

We have received your document for CENTRO CRISTIANO EMANUEL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 212A00011907

RECEIVED

12 MAY -7 AM 8:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

Centro Cristiano Emanuel, Inc.

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

N02000001053

(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:

N/A

*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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

(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.*

N/A

Signature of New Registered Agent, if changing

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DIVISION OF CORPORATIONS  
12 MAY -7 PM 4:50

**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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Elder</u>	<u>Lilian Pubill</u>	<u>Robison Court 2005</u> <u>Wood Crest</u> <u>Lake City, FL 32026</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Elder</u>	<u>Rhonda Vasquez</u>	<u>230 SW Moonflower Crt</u> <u>Fort White</u> <u>Florida 32038</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Treasurer</u>	<u>Virgilio Pubill</u>	<u>Robison Court 2005</u> <u>Wood Crest</u> <u>Lake City, FL 32026</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Secretary</u>	<u>Ada Martinez</u>	<u>6813 SW 44 Ave</u> <u>Gainesville, FL 32608</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Elder</u>	<u>Juan Gonzales</u>	<u>1001 Woodlawn Terrace</u> <u>Madison</u> <u>Florida 32340</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Elder</u>	<u>Herman Rios</u>	<u>19421 103 Drive</u> <u>Obrien</u> <u>Florida 32071</u>

PAGE 2 OF 4 CONTINUE

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Vanessa Canizares</u>	<u>3223 NW 51 Place</u> <u>Gainesville, FL 32605</u>
8) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Omaida Diaz</u>	<u>947 SW Thornwood Court</u> <u>Lake City, FL 32025</u>

S – Secretary

T – Treasurer

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

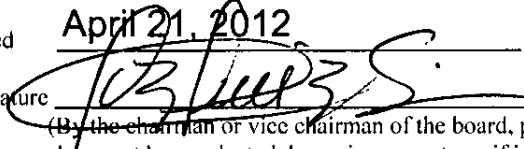
**Not Applicable**

The date of each amendment(s) adoption: April 21, 2012

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 April 21, 2012  
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)

Teodulo H. Canizares  
(Typed or printed name of person signing)  
Pastor  
(Title of person signing)