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(Address)

(City/State/Zip/Phone #)

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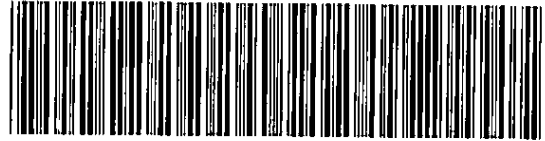
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2013 AUG 19 PM 12:51
SECRETARY OF STATE
ATTN: ASSISTANT CLERK

COVER LETTER

TO: Amendment Section
Division of Corporations

2009 AUG 19 PM 12:51
RECEIVED
TALLAHASSEE, FL 32301

NAME OF CORPORATION: Divine Providence Ministries Inc.

DOCUMENT NUMBER: N02000009228

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

Please return all correspondence concerning this matter to the following:

Sylvester M Ricci

(Name of Contact Person)

Divine Providence Ministries Inc.

(Firm/ Company)

8888 SW SR 200

(Address)

Ocala FL 34481

(City/ State and Zip Code)

sylvester@earthlink.net

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

For further information concerning this matter, please call:

Sylvester M Ricci

352

427-8259

at

(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

2013 AUG 19 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Divine Providence Ministries Inc
(Name of Corporation)

DOCUMENT NUMBER: N02000009228

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lois J Steiner

(Name of Person)

Divine Providence Ministries Inc

(Name of Firm/Company)

8820 SW State Route 200

(Address)

Ocala FL 34481

(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvester M Ricci at (352) 427-8259

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Divine Providence Ministries Inc.

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

N02000009228

(Document Number of Corporation (if known))

2013 AUG 19 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, 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:

NA

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)

NA

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

NA

NA

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: NA

NA

(Florida street address)

New Registered Office Address:

NA

(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.

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>John F O'Brien</u>	<u>8888 SW Highway 200</u>
<input type="checkbox"/> Add			<u>Ocala Fl. 34481</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Sylvester M Ricci</u>	<u>8888 SW Highway 200</u>
<input checked="" type="checkbox"/> Add			<u>Ocala FL 34481</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input 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)

Add new Article VIII: DISTRIBUTION UPON DISSOLUTION (See Additional Sheet)

Add New Article IX: AMENDMENT (See Additional Sheet)

Amend Article IV: Removal of a Director shall require the affirmative vote of not less than 2/3 of the Directors.

Divine Providence Ministries, Inc. Articles of Amendment;
Document No. N02000009228

Additional Sheet

New Article VIII

DISTRIBUTION UPON DISSOLUTION

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501 of the Internal Revenue Code of 1986, or corresponding provision of any future provision, for the purpose of defending life from conception to natural death, protecting the lives of unborn children.

New Article IX

AMENDMENT

Amendment of Article III, Article VIII, and Article IX shall require the affirmative vote of not less than 2/3 of the Directors.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8-17-19

Signature Lois J. Steiner
(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)

Lois J Steiner

(Typed or printed name of person signing)

President
(Title of person signing)