

NO40000001863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

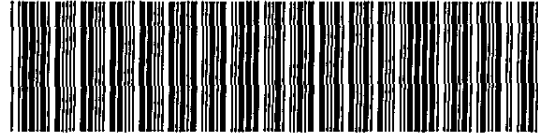
(Business Entity Name)

(Document Number)

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

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500042231655

*Amend*

12/03/04--01032--017 \*\*35.00

FILE  
OFFICE OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

11, DEC-3 PM 1:46

FILED  
04 DEC 3 2004  
PM 1:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
AOR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Eternal Life Deliverance Outreach, Inc.

**DOCUMENT NUMBER:** N04000001863

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

Please return all correspondence concerning this matter to the following:

Beverly C. Young- Brown

(Name of Contact Person)

Eternal Life Deliverance Outreach, Inc.

(Firm/ Company)

3006 Carver Street

(Address)

Fort Pierce, Florida 34947

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Erica Jackson

(Name of Contact Person)

at ( 850 )

205-6570 x 235

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

Eternal Life Deliverance Outreach, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)  
TALLAHASSEE, FLORIDA

N04000001863

(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:

**NEW CORPORATE NAME (if changing):**

N/A

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Eternal Life Deliverance Outreach, Inc. would like to Ammend the following Articles:

Article VIII (See Attached);

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 10-08-2004

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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 13 day of October, 2004.

Signature

Beverly C. Young-Brown

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Beverly C. Young-Brown

(Typed or printed name of person signing)

Registered Agent President

(Title of person signing)

**FILING FEE: \$35**

Articles of Amendment  
to  
Articles of Incorporation  
of  
Eternal Life Deliverance Outreach, Inc.

N04000001863

Article VIII- Dissolution

In the event of dissolution of this corporation, the Board of Directors shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively to another corporation organized for the purposes of this corporation, or in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as exempt purposes of organizations under Section 501(C)(3) of the Internal Revenue Code (or the corresponding provision of any future federal tax code) as the Board of Directors shall determine. In the event that for any reason upon dissolution of the corporation the Board of Directors of the corporation shall fail to act in the manner herein provided within a reasonable time, the Superior Court of the county in which the principal office of corporation is then located shall make or complete such distribution as herein provided upon the application of one or more interested persons.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

CONSULTANTS MARKETING NETWORK  
PO2000077291

2. Principal Office Address

6405 NW 36 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

City & State

VIRGINIA GARDENS, FL

City & State

Zip

33166

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

352176263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NANCY NARANJO

Street Address (P.O. Box Number is Not Acceptable)

6405 NW 36 STREET

Suite, Apt. #, Etc.

SUITE 101

City

VIRGINIA GARDENS

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Nancy Naranjo*  
REGISTERED AGENT MUST SIGN

Date 10/20/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NANCY NARANJO	6405 NW 36 Street, Suite 101 Virginia Gardens, FL 33166	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Nancy Naranjo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/2004

Daytime Phone #

CR2E081 (01/04)