

N07000006110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

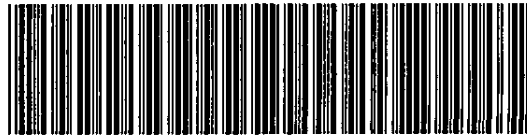
(Business Entity Name)

(Document Number)

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11 SEP 28 PM 12:48
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TALLAHASSEE FLORIDA

Amend
Returns
9-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MANANTIAL DE VIDA MINISTERIO CRISTIANO, INC

DOCUMENT NUMBER: N07000006110

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

Please return all correspondence concerning this matter to the following:

CIRILA C SABATER

(Name of Contact Person)

PRESIDENT D

(Firm/ Company)

17769 SW 141 CT

(Address)

MIAMI FL 33177

(City/ State and Zip Code)

carmensabater49@yahoo.com

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

For further information concerning this matter, please call:

CIRILA C SABATER

(Name of Contact Person)

at (305) 979-3129

(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

September 16, 2011

CIRILA C. SABATER
MANANTIAL DE VIDA MINISTERIO CRISTIANO
17769 SW 141 CT
MIAMI, FL 33177

SUBJECT: MANANTIAL DE VIDA MINISTERIO CRISTIANO, INC.
Ref. Number: N07000006110

We have received your document for MANANTIAL DE VIDA MINISTERIO CRISTIANO, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong document was submitted.

The filing fee is \$35.00, there is a balance of \$10.00 due.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 511A00021466

RECEIVED
11 SEP 28 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 SEP 28 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

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)

NA

NA

NA

_____, Florida _____
(City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>JULIO GOMEZ</u>	<u>17769 SW 141 CT</u> <u>MIAMLEL 33177</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>SERGIO LEAL RAMIREZ</u>	<u>17769 SW 141 CT</u> <u>MIAMLEL 33177</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPD</u>	<u>SILVIA ROMANES</u>	<u>17769 SW 141 CT</u> <u>MIAMLEL 33177</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

Articles a) CHARITY: This organization is organized for charitable works non-profit

and will be operated exclusively for religious affairs.

b) Corporation: No part of the income of the organization will not make the profit and

distribution of the membership. EXCEP: That our organization authorized to pay a

reasonable compensation for services that make members, Trustees, officers or other

private persons, with the signing of the board.

c) If our organization is dissolved, is all our organization with all the adquired asses to

the Miami Baptist Association of Florida Baptist Convention that have purposes as our.


The date of each amendment(s) adoption: September 08, 2011

Effective date if applicable: September 08, 2011
(date of adoption is required)
(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 September 08, 2011

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)

CIRILA C SABATER
(Typed or printed name of person signing)

PRESIDENT D
(Title of person signing)