## M08000000631

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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MAY 0 2 2013

T. ROBERTS



April 9, 2013

GASPAR ANASTASI WORD OF LIFE MINISTRY WORLD OUTREACH 8818 BANYON COVE CIR FORT MYERS, FL 33919

SUBJECT: WORD OF LIFE MINISTRY WORLD OUTREACH, INC.

Ref. Number: N08000000631

We have received your document for WORD OF LIFE MINISTRY WORLD OUTREACH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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.

Tina Roberts Regulatory Specialist II

Letter Number: 113A00008253



March 15, 2013

GASPAR ANASTASI WORD OF LIFE MINISTRY WORLD OUTREACH 8818 BANYON COVE CIR FORT MYERS, FL 33919

SUBJECT: WORD OF LIFE MINISTRY WORLD OUTREACH, INC.

Ref. Number: N08000000631

We have received your document for WORD OF LIFE MINISTRY WORLD OUTREACH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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.

Tina Roberts Regulatory Specialist II

Letter Number: 313A00006245



## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Work Of Lile Winisty world Out secon la DOCUMENT NUMBER: DOGOOOOOS The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mame of Contact Person work of hite Waples, Inc. 2150 Collice Duenue Fort Myzes FL 33901

(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person) at (234) 274-6881 X242

(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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

11 shad 20 Brown	the Florida Dept. of State)
(Name of Corporation as currently filed with t	the Florida Dept. of State)
00800000	~3\
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
"Company" or "Co." may not be used in the name.	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	2150 Collor Ave  Soci Myers FL  33901
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	(Florida street address)
New Registered Office Address:	(Florida street address)
**	Myass , Florida 33901 (City) (Zip Code)
<b>(7</b> 13)	stered Agent: I am familiar with and accept the obligations of the position.  M. Secure of the position of the position of the position.  Registered Agent if changing

Page 1 of 4

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			 
Add			
Remove			
2) Change	<del></del>	<u> </u>	
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4) Change		<u> </u>	 
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5) Change			
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6) Change		<u> </u>	 
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Remove			

f amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption	u: 8-1-5017
Effective date if applicable:	5-1-2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated 4 19 13	lear
(By the chairman o	r vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or
	ited fiduciary by that fiduciary)
Annette S	Scoco ed or printed name of person signing)
(Type	ed or printed name of person signing)
_Secretar	<b>Y</b>
(Titl	le/of person signing)