

N08000003259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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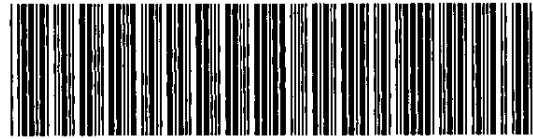
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **VISION CHRETIENNE INCORPORATED**

DOCUMENT NUMBER: **N08000003259**

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

Please return all correspondence concerning this matter to the following:

**BANEX MILCE**

(Name of Contact Person)

(Firm/ Company)

**6073 WESTFALL RD**

(Address)

**LAKE WORTH, FL 33463**

(City/ State and Zip Code)

**banexm@timetoprayer.org**

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

For further information concerning this matter, please call:

**BANEX MILCE** at **561 284-9470**  
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Effect date  
10-1-12

VISION CHRETIENNE INCORPORATED

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

N08000003259

(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:

TIME TO PRAY MINISTRIES Inc.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)   | <u>Title</u>          | <u>Name</u>                     | <u>Address</u>   |
|--|-----------------------|---------------------------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>             | <u>HERBENS CEUS</u>             | <u>1431 PINES WY</u><br><u>WEST PALM BEACH, FL 33415</u>         |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>             | <u>SAM DAWSEN</u>               | <u>641 W 36th STREET</u><br><u>WEST PALM BEACH, FL 33404</u>     |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>              | <u>JUNIE O. CASIMIR</u>         | <u>3597 Brooklyn Ln</u><br><u>Lake Worth Corridor, FL 33461</u>  |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>              | <u>MARILENE LAFRANCE VALLON</u> | <u>91-1200 KEAUNUI DRIVE # 301</u><br><u>EWA BEACH, HI 96706</u> |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>T</u>              | <u>PLOURDE VALLON</u>           | <u>91-1200 KEAUNUI DRIVE # 301</u><br><u>EWA BEACH, HI 96706</u> |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S<sup>nd</sup></u> | <u>GUIRLAINE JEAN</u>           | <u>2134 NE 3rd COURT</u><br><u>BOYNTON BEACH, FL 33435</u>       |

**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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)   | <u>Title</u> | <u>Name</u>               | <u>Address</u>  |
|--|--------------|---------------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>     | <u>JEAN MICHEL VALLON</u> | <u>4031 NE 5th AVE Apt. A</u><br><u>POMPANO BEACH, FL 33064</u>               |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>M</u>     | <u>ARITONNE GEORGES</u>   | <u>6161 Wauconda Way E</u><br><u>LAKE WORTH, FL 33463</u>                     |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>IR</u>    | <u>MAXI VINCENT</u>       | <u>39 Jean- Baptiste Pointe du Sabre, Blokoss</u><br><u>SAINT-MARC, HAITI</u> |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>TA</u>    | <u>KOERFY BELLEFLEUR</u>  | <u>2580 EMORY DR E. Apt. E</u><br><u>WEST PALM BEACH, FL 33415</u>            |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>M</u>     | <u>Karl Fievre</u>        | <u>1431 Pines Ln</u><br><u>West Palm Beach, FL 33415</u>                      |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |              |                           |   |

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

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

[illegible]

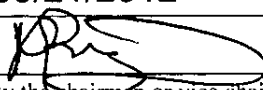
The date of each amendment(s) adoption: 09/21/2012

Effective date if applicable: 10/01/2012  
(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 09/21/2012

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)

BANEX MILCE

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)