

N08000005907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

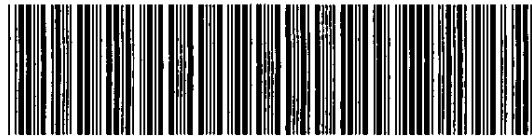
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FILED
10 FEB -8 PM 12: 21
TALLAHASSEE, FLORIDA

Not Amended
2/9/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE NEW YOU FOUNDATION INC.

DOCUMENT NUMBER: N08000005907

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

Please return all correspondence concerning this matter to the following:

CHARMAINE MUIR

(Name of Contact Person)

THE NEW YOU FOUNDATION INC.

(Firm/ Company)

5211 NW MAYFIELD LANE

(Address)

Port Saint Lucie Florida 34983

(City/ State and Zip Code)

TOTALPRAISEPRAYER@YAHOO.COM

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

For further information concerning this matter, please call:

CHARMAINE MUIR

(Name of Contact Person)

at (772) 607-9905

(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

February 2, 2010

CHARMAINE MUIR
5211 NW MAYFIELD LANE
PT. ST. LUCIE, FL 34983

SUBJECT: THE NEW YOU FOUNDATION INC.
Ref. Number: N08000005907

We have received your document for THE NEW YOU FOUNDATION 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 be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 810A00002722

Articles of Amendment
to
Articles of Incorporation
of

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

THE NEW YOU FOUNDATION INC.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* accepts the following amendment(s) to its Articles of Incorporation:

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

HARVEST WORSHIP CENTER INTERNATIONAL #2 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**)

5211 North West Mayfield Lane

PORT SAINT LUCIE FL

34983

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

PO BOX 13783

FORT PIERCE FL 34979

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:

Charmaine Muir

New Registered Office Address:

5211 North West Mayfield Lane

(Florida street address)

Port Saint Lucie Florida

(City)

Florida 34983

(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

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10 FEB -8 PM 1:21
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>
OFFIC	CHARMAINE MUIR	5211 NW MAYFIELD LANE Port Saint Lucie Florida 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIREC	MICHAEL CLARE	4036 WHITE PLAIN RD FLOOR 2ND BRONX NY 10467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
OFFIC	JULIET REID SIMPSON	3371 DECATOR AVE APT A BRONX NY 10467	<input checked="" 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)

HARVEST WORSHIP CENTER INTERNATIONAL #2 INC

The date of each amendment(s) adoption: 01-27-2010

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

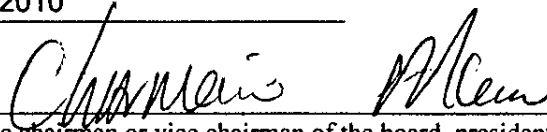
(CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(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 01-27-2010

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)

CHARMAINE MUIR

(Typed or printed name of person signing)

OFFICER

(Title of person signing)