

N 08000005907

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Amend.

DC

10-21-10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

CHARMAINE MUIR
HARVEST WORSHIP CENTER INTERNATIONAL #2
6817 SOUTH FEDERAL HWY.
PT. ST. LUCIE, FL 34952

SUBJECT: HARVEST WORSHIP CENTER INTERNATIONAL #2 INC
Ref. Number: N08000005907

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

ONLY THE NEW CORPORATE NAME SHOULD APPEAR IN SECTION #A OF THE AMENDMENT.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 610A00024090

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HARVEST WORSHIP CENTER INT#2 INC.

DOCUMENT NUMBER: N008000005907

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)

HARVEST WORSHIP CENTER INT#2 INC.

(Firm/ Company)

6817 SOUTH FEDERAL HIGH WAY

(Address)

PORT ST LUCIE FL 34952

(City/ State and Zip Code)

GAYNORMUIR@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 (954) 297-4539

(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

Articles of Amendment
to
Articles of Incorporation
of

HARVEST WORSHIP CENTER INTERNATIONAL #2 INC

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

N008000005907

(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:

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**)

6817 SOUTH FEDERAL HIGHWAY

PORT ST LUCIE FL 34952

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

NA

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 ST LUCIE FL 34952

(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.

Charmaine Muir

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>
	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NA	NA	<input 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)

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, the making of distributions to organization that qualify as exempt organizations under section 501 (c) (3) of the internal revenue code, or corresponding section of any future federal tax code.

upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the internal revenue code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose. any such assets not disposed of shall be disposed of by the court of common pleas of the county in which the principal office of the organization is located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: September 24 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 09/24/2010

Signature Charmaine Muir
(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 / Director
(Title of person signing)