

NO 8000006527

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*SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLETTE

JAN 13 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL BETHEL WORSHIP CENTER INC

DOCUMENT NUMBER: N08000006527

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

Please return all correspondence concerning this matter to the following:

EDWIN CINTRON

(Name of Contact Person)

EL BETHEL WORSHIP CENTER INC

(Firm/ Company)

6345 MASSACHUSETTS AVE.

(Address)

New Port Richey, FL. 34653

(City/ State and Zip Code)

pastoredwin.jasmine.cintron@yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN CINTRON

(Name of Contact Person)

at (727) 326-5462

(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

EL BETHEL WORSHIP CENTER INC.

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

N08000006527

(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**)

6345 Massachusetts Ave
New Port Richey FL.
34653

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:

EDWIN CINTRON

New Registered Office Address:

6345 Massachusetts Ave
(Florida street address)
New Port Richey, Florida 34653
(City) (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.

E. Cintron

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>
Vice-President	ERASMO CINTRON	8138 Washington ST Port Richey FL. 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director	ERASMO CINTRON	8138 Washington ST Port Richey FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer	Carmen Cintron	8138 Washington ST Port Richey FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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>
Vice-President	Jasmine Cintron	6345 Massachusetts Ave New Port Richey FL 34653	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	Jasmine Cintron	6345 Massachusetts Ave New Port Richey FL 34653	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

① Directors', officers' and chairmans' term of existence
as set forth and regulated by the Bylaws of the Corporation.

② Principal office address: 6345 Massachusetts Ave. N.P.R. FL 34653

③ Registered agent and office: EDWIN CINTRON
6345 Massachusetts Ave. New Port Richey, FL. 34653.

The date of each amendment(s) adoption: December 13, 2009
(date of adoption is required)

Effective date if applicable: December 13, 2009
(no more than 90 days after amendment file date)

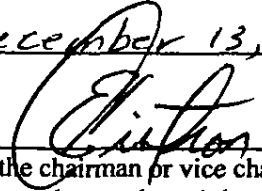
Adoption of Amendment(s) **(CHECK ONE)**

☒ 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 December 13, 2009

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)

EDWIN CINTRON

(Typed or printed name of person signing)

CHAIRMAN, PRESIDENT, DIRECTOR
(Title of person signing)