

N08000009318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273312159

05/28/15--01017--011 **35.00

FILED
REGISTRAR OF STATE
DIVISION OF COMPTROLLER
15 MAY 28 PM 1:19

JUN 5 2015
C LEWIS



Mount Zion Voice of Deliverance Church/Ministries, Inc

5460 North State Rd. 7 Suite 214 North Lauderdale, FL 33060 (754) 422-1867

Email: mzvdcing@gmail.com, www.MZVDCINC.org

Bishop R. Justin
5460 N State Rd 7
North Lauderdale, FL 33319
Phone: (754) 422-1867

RE: Amendment of Articles of Incorporation – Not for Profit Corp.
Mount Zion Voice of Deliverance, Inc.
EIN: 26-3611046

To Whom It Concerns:

Enclosed you may find the Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation, Mount Zion Voice of Deliverance.

Please be advised Mount Zion is amending its officers as follows,

Remove:

Pastor Vertulie M. Ferdinand
Paul Sandquist
Sandy Vincent-Sandquist

Adding:

Violene O'Bin
Jacqueline Jourdain Georges
Myrlene Joseph Daniel

Please do not hesitate to contact me in the event of any questions

Bishop Rissort Justin
(754) 422-1867

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mount Zion Voice of Deliverance, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Bishop Rissort Justin

(Name of Contact Person)

(Firm/ Company)

4320 NW 32ND CT

(Address)

Lauderdale FL 33319

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

_____ at _____
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Mount Zion Voice of Deliverance 15 MAY 28 PM 1:19C.

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

108000009318

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

_____, Florida
(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.

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> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>Trea.</u>	<u>Pastor Vertulie M. Ferdinand</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>Mgr</u>	<u>Paul Sandquist</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>Mgr</u>	<u>Sandy Vincent Sandquist</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>Treas.</u>	<u>Violene O'Bin</u>	<u>19615 N. Miami Ave</u>
<input checked="" type="checkbox"/> Add			<u>Miami FL 33169</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>Mgr</u>	<u>Jacqueline Jourdain Georges</u>	<u>1355 NW 58th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Lauderhill FL 33313</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>Secre.</u>	<u>Myrlene Joseph Daniel</u>	<u>3798 Jupiter Blvd SE</u>
<input checked="" type="checkbox"/> Add			<u>Palm Bay FL 32909</u>
<input type="checkbox"/> Remove			<u></u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

(no more than 90 days after amendment file date)

15 MAY 28 PM 1:19

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/20/2015

Signature

Bishop L. Tustin

(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)

MISSOFT JUSTIN

(Typed or printed name of person signing)

Resident Justin

(Title of person signing)