

N 09000010014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG - 7 AM 10:50

AUG 10 2015

T CANNON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2015

DANIEL J GEOGHEGAN
LUKE 15 MINITRIES INC
10245 WOOD DUCK DRIVE
NEW PORT RICHEY, FL 34654 US

SUBJECT: LUKE 15 MINISTRIES INC.
Ref. Number: N09000010014

We have received your document for LUKE 15 MINISTRIES 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 you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 215A00014868

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Luke 15 Ministries Inc.

DOCUMENT NUMBER: N09000010014

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

Please return all correspondence concerning this matter to the following:

Daniel J. Geoghegan

(Name of Contact Person)

Luke 15 Ministries Inc.

(Firm/ Company)

10245 Wood Duck Drive

(Address)

New Port Richey, FL 34654

(City/ State and Zip Code)

daniel.geoghegan777@gmail.com

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

For further information concerning this matter, please call:

Daniel J. Geoghegan

(Name of Contact Person)

at

407 680-7096

(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

N/A

Luke 15 Ministries Inc.

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

NO9000010014

(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**)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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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

N/A

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	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Attached Behind this page is a full description
of the Ammended Article which is an Activity that
We have added underneath the Charity of Luke 15 Ministries Inc.
This Ammendment was added on 07/07/2015

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To Whom It May Concern:

I am writing this in order to update you on a New Activity that My Non-For Profit Luke 15 Ministries Inc. Is conducting. Details are listed Below

The name of the Activity Conducted is called "Star Medical Institute"

The Purpose and the description of the Activity

The Purpose of the Activity is to assist Individuals who want to better their Life and Get a Better Future. We assist these Individual's by going through an Interview process where we discuss the Individuals desires, Interests and motivations to Change their life. We then show the individual the features and benefits of our program and how we can help them. We are partnered with an Organization who offers Online training Coursed in the Medical Field. The Activity is simply a recruiting effort: we Find People, who need our Help, conduct Interviews and recruit Individual's to take advantage of the Online Training Programs. When an Individual completes a Training program we assist them with Their Job search. We also Offer 5 Programs that Offer Externship's once a student completes them. The Programs are designed for somebody who is looking to get in get through and get out into a new career.

Who is the Activity Focused on? The activity has several Focuses: Military Spouses, People who are unemployed or underemployed. and Single Moms who are looking to Better their life. The Activity is also open to anyone who Requests our Help.

When is the activity conducted? - Monday through Friday 9-6PM Eastern Time

Where is the activity conducted? Jasmine Lakes Baptist Church

6835 Jasmine Blvd, Port Richey, FL 34668

Is there a fee for the activity? Yes. There is a Fee. The fees for the Program Range from \$100.00-\$4000.00 Based on what Online Training Program the student chooses. Some Programs are More thorough then others. 70% of the Individuals pay for the Online training Programs directly on our Vendors website. Only an estimated 30% pay the Fees to Luke 15 Ministries Directly.

Final Thoughts: the sole purpose of this activity is to help people. Many of the Individuals who come to us are out of work or underpaid, we refer them to training Programs that can give them the tools and resources needed to succeed. Our Training Programs our offered at a Major Discount. There are similar Programs that cost anywhere from \$10,000.00 to \$18,000.00 But our Main focus is to help people so we are offering these Programs at a discounted cost; we are also trying to apply for a grant that will help us to subsidize the cost of these training Programs. We Also Consider this a Fundraising Activity.. Any fees received a Portion of them are reinvested Right back into the Activity and that helps us to to Help More People a portion also goes to the general Budget which also allows us to help More People.

***The Activity Assists Individuals' without regard to race, gender, sexual orientation, religion, creed, color, national origin, ancestry, marital status, age, disability, or any other factor prohibited by law**

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

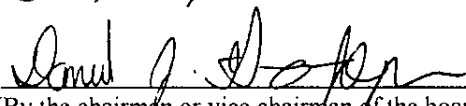
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 07/25/2015

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)

Daniel J. Geoghegan
(Typed or printed name of person signing)

President
(Title of person signing)

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