

NO900000/0071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

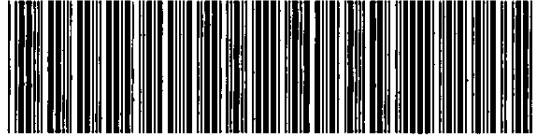
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09 NOV 20 PM 12:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Roberts NOV 20 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2009

**RAOUL PIERRE-PAUL
BETHESDA COMMUNITY CHRISTIAN SERVICES
1026 INDIAN TRACE CIRCLE APT 104
RIVIERA BEACH, FL 33407**

**SUBJECT: BETHESDA COMMUNITY CHRISTIAN SERVICES INC.
Ref. Number: N09000010071**

We have received your document for BETHESDA COMMUNITY CHRISTIAN SERVICES 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00035335

RECEIVED
2009 NOV 20 AM 8:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bethesda Community Christian Services Inc

DOCUMENT NUMBER: NO9000010071

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

Please return all correspondence concerning this matter to the following:

RAOUL PIERRE-PAUL
(Name of Contact Person)

Bethesda Community Christian Services INC
(Firm/ Company)

1026 INDIAN TRACE Circle Apts 104
(Address)

RIVIERA BEACH FL 33407
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

RAOUL PIERRE-PAUL at (561) 420-7439
(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:

☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 20 PM 12:56

BETHESDA COMMUNITY CHRISTIAN SERVICES INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO9000010071

(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)

_____, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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President	RAOUL PIERRE-PAUL	1026 INDIAN TRACE CIRCLE APT 104 RIVIERA B. FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Vice President	FADOIRD PIERRE-PAUL	1026 INDIAN TRACE CIRCLE APT 104 RIVIERA B. FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Secretary	RAEMAR PIERRE-PAUL	1026 INDIAN TRACE CIRCLE APT 104 RIVIERA B. FL 33407	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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President: Raoul Pierre-Paul	1026 Indian Trace circle apt 104, Riviera Beach, FL 33407
Vice President: Fadoird Pierre-Paul	1026 Indian Trace circle apt 104, Riviera Beach, FL 33407
Secretary: Raemar Pierre-Paul	1026 Indian Trace circle apt 104, Riviera Beach, FL 33407
Treasurer: Dadrix Valerius	1026 Indian Trace circle apt 104, Riviera Beach, FL 33407

The date of each amendment(s) adoption: NOVEMBER 16, 2009
(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 NOVEMBER 16, 2009

Signature Raoul Pierre Paul
(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)

RAOUL PIERRE-PAUL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)