

N100000000 703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

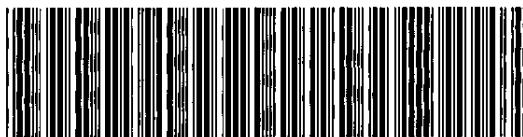
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Amend

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10 FEB 10 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts FEB 11 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERKAL FIRE MINISTRIES INTL INC.

DOCUMENT NUMBER: 11000-0000-103

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

Please return all correspondence concerning this matter to the following:

ELIZABETH BELL-WITTEK
(Name of Contact Person)

INTERNAL FIRE MINISTRIES INTL INC
(Firm/ Company)

2689 COURTLAND BLVD
(Address)

DELTONA FL 32738
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

ELIZABETH BELL-WITTEK at (917) 804-5971
(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 checked="" 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

INTERNAL FIRE MINISTRIES INTERNATIONAL, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

11000-0000-703
(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)

238 SOUTH LINE DRIVE
APOPKA FL
32703...

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

P.O. Box 160626
ALTAMONTE SPRINGS
APOPKA FL 32716-0626

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)

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

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10 FEB 16 PM 12:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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)

Title	Name	Address	Type of Action
D	DEVON CACTY	7744 CHINKAPIN CT ORLANDO FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TREASURER	TANJA VIALVA	405 ASHELY BROOK CT APOPKA FL 32712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SECRETARY	SIOBHAN ROBINSON	409 ASHELY BROOK CT APOPKA FL 32712	<input checked="" 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)

Handwritten signature: *W. 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>SHARON POLO</u>	<u>2007 VAILY CROSS</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32210</u>	
<u>ECT</u>	<u>SIMONNE MYERS</u>	<u>PO Box 160626</u>	<input type="checkbox"/> Add
		<u>ALTAMONTE SPRINGS</u>	<input checked="" type="checkbox"/> Remove
		<u>APPOKA FL 32716</u>	
			<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)

The date of each amendment(s) adoption: February 8th 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 February 8th 2010

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)

ELIZABETH BELL-WITTEK
(Typed or printed name of person signing)

PASTOR / P
(Title of person signing)