

N100000005329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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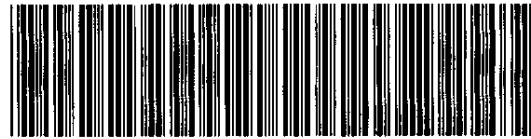
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUL 23 AM 10:11

Amend  
@ 7/23/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TONGUES OF FIRE PRAYER&OUTREACH MINISTRIES, INC.

**DOCUMENT NUMBER:** N10000005329

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

Please return all correspondence concerning this matter to the following:

MAUREEN CAMPBELL

(Name of Contact Person)

TONGUES OF FIRE PRAYER&OUTREACH MINISTRIES INC.

(Firm/ Company)

3595 NW 83 LANE

(Address)

SUNRISE, FLORIDA 33351

(City/ State and Zip Code)

TONGUESOFFIRECELL@YAHOO.COM

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

For further information concerning this matter, please call:

MAUREEN CAMPBELL

(Name of Contact Person)

at ( 954 ) 495-1110

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2010

MAUREEN CAMPBELL  
TONGUES OF FIRE PRAYER & OUTREACH  
3595 NW 83 LANE  
SUNRISE, FL 33351

SUBJECT: TONGUES OF FIRE PRAYER & OUTREACH MINISTRIES INC.  
Ref. Number: N10000005329

We have received your document for TONGUES OF FIRE PRAYER & OUTREACH 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 must have original signatures.

Photo copies are not acceptable and the titles of MAUREEN CAMPBELL and KENNETH WILLIAMS has to be a title other than REV. and MIN.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 610A00015771

RECEIVED  
2010 JUL 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**TONGUES OF FIRE PRAYER&OUTREACH MINISTRIES INC.**

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

**N10000005329**

(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:

**MAUREEN CAMPBELL**

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*

FILED  
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TALLAHASSEE, FLORIDA  
10 JUL 23 AM 10:11

**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>P</u>	<u>MAUREEN CAMPBELL</u>	<u>3595 NW 83 LANE</u> <u>SUNRISE, FLORIDA 33351</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>KENNETH WILLIAMS</u>	<u>3595 NW 83 LANE</u> <u>SUNRISE, FLORIDA 33351</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>Maureen Campbell-Willow</u>	<u>3595 NW 83 Lane</u> <u>Sunrise FL</u> <u>33351</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

ARTICLE V NAME OF RA: MAUREEN CAMPBELL

RA: SIGNATURE: MAUREEN CAMPBELL

ARTICLE V1: NAME OF INCORPORATOR MAUREEN CAMPBELL

The date of each amendment(s) adoption: \_\_\_\_\_

6/10/2010  
(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 \_\_\_\_\_

7/10/2010

Signature \_\_\_\_\_

Maureen Campbell

(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)

MAUREEN CAMPBELL

(Typed or printed name of person signing)

President

(Title of person signing)