# N10000007931

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(Address)
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(City/State/Zip/Phone #)
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Amend N.C.

**C.COULLIETTE** 

NOV 2 3 2010

**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 NOV 22 AM 8: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 9, 2010

KERVIN DIEUDONNE THE WORLDWIDE KINGDOM MINISTRY, INC. 1670 STONEHAVEN DR APT 2 BOYNTON BEACH, FL 33436

SUBJECT: THE WORLWIDE KINGDOM MINISTRY, INC.

Ref. Number: N10000007931

We have received your document for THE WORLWIDE KINGDOM MINISTRY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 510A00026323

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Co	orporations		
NAME OF CORPO	ration: The Wor	Wide Kingdon	a Hi <b>m</b> istry in
DOCUMENT NUM	BER: <i>N/000 000 7</i>	931	,
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Kervin Die	idonne	
T	re Worldwig	de Krigdom M	linistry inc.
16	70 StoneHAVE	Apt 2 Address)	
Bo	ynton Beach, T	Locida, 33436 ate and Zip Code)	
	Kervindieudona E-mail address: (to be use	ne VAHOO COM ed for future annual report notifica	ition)
For further information	on concerning this matter, pleas	se call:	
Kervin L (Name	of Contact Person)	at ( <u>&amp; 6/</u> ) <u>949 - (</u> (Area Code & Daytin	( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Enclosed is a check for	or 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)
	ng Address adment Section	. <u>Street Address</u> Amendment Section	·- <b>/</b>

Division of Corporations Clifton Building

2661 Executive Center Circle Taliahassee, FL 32301

#### **Articles of Amendment**

### to Articles of Incorporation

of

/he Woelwide Ka	ngdom	Ministry	ne.		
N 1000007931 (Document Number of	•		<u></u>		
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorpor	la Statutes, this	•	rofit Corporation	adopts	
A. If amending name, enter the new name of the c	orporation:	Vinistry	in/.		
The new name must be distinguishable and confain abbreviation "Corp." or "Inc." "Company" or "Co.	the word "co	rporation" of "incoused in the name.	orporated" or the	•	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>e:</u>	Same			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		Same	7	10 NO	
D. If amending the registered agent and/or registe new registered agent and/or the new registered  Name of New Registered Agent:	red office add office addres	ress in Florida, ent	ter the name of th	10 NOV 23 AH IO: 01	FILED
New Registered Office Address:	(Florida s	treet address)	_	P	
·	(C	ity)	_, Florida (Zip Code)		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen- position.		<u>:</u> liar with and accep	ot the obligations	of the	
Signatu	re of New Reg	istered Agent, if cha	nging		

## 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>	Type of Action
<u>.</u> S	Katlyne Zamor Jesula Dieudonne	3689 N.Was 1h st Landerdale, LAKES FL 23311	Add Remove
	Jesula Dieudonne	1670 Stone haven Dr Apt. 2 Boynton Acach Fl 33436	Add Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter clitional sheets, if necessary). (Be specific		

The date of each amendment(s) a	
Tien at a second of	(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 adwas/were sufficient for approval	dopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated <u>// - / 4</u> .	-10
Signature S	
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
نــ	Kefvin Dieudonne (Typed or printed name of person signing)
<u>·</u>	President (Title of person signing)

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