

N100000008829

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*Mcrae Change &  
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12/11/15--01016--001 \*\*87.50

FILED  
15 DEC 11 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 14 2015  
A RAMSEY

**Dr. Wilfredo T. Laboy**  
**10519 Penelope Place, Unit #104**  
**New Port Richey, Florida 34654**

December 2, 2015

Amendment Section  
Division of Incorporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sirs/Madam

Please find enclose two separate filings Articles of Amendment to Articles of Incorporation for (1) The Church of the Open Door of Orlando, Inc. **document number** N1200000 and (2) Open Door Foundation, Inc. **document number** N10000008829. We are filing an amendment for The Church of the Open Door of Orlando, Inc. to be amended to New Life Outreach International Church and Open Door Foundation, Inc. to be amended to New Life for Youth Foundation.

I have enclosed a check for the amount of \$87.50 for The Filing Fees & Certificate Status/ Copy.

Thank you for your prompt and kind attention to this matter. Have a blessed Merry Christmas and Holiday Season.

Truly yours,



Dr. Wilfredo T. Laboy

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Open Door Foundation, Inc.

**DOCUMENT NUMBER:** N10000008829

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

Please return all correspondence concerning this matter to the following:

Dr. Wilfredo T. Laboy  
(Name of Contact Person)

New Life for Youth Foundation, Inc.  
(Firm/ Company)

10519 Penelope Place, Unit #104  
(Address)

New Port Richey, Florida 34654  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Dr. Wilfredo T. laboy at 978 241-0484 (Mobile)  
(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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Open Door Foundation, Inc.

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

N10000008829

(Document Number of Corporation (if known))

15 DEC 11 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

New Life for Youth Foundation, Inc.

*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**)

10519 Penelope Place, Unit #104

New Port Richey, Florida

34654

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

New Life for Youth Foundation, Inc.

PO Box 6060

Hudson, Florida 34674

**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:

Dr. Wilfredo T. Laboy

10519 Penelope Place, Unit #104

(Florida street address)

New Registered Office Address:

New Port Richey

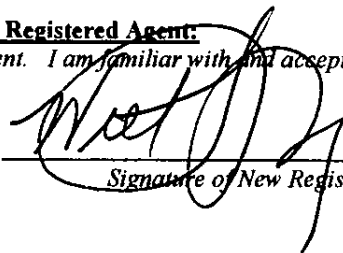
Florida 34654

(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)*

*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	<u>Pres.</u>	<u>Dr. Wilfredo T. Laboy</u>	<u>19519 Penelope Place, Unit #104</u>
<input checked="" type="checkbox"/> Add			<u>New Port Richey</u>
<input type="checkbox"/> Remove			<u>Florida, 34654</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Michelle L. Munoz</u>	<u>10519 Penelope Place, Unit #203</u>
<input checked="" type="checkbox"/> Add			<u>New Port Richey</u>
<input type="checkbox"/> Remove			<u>Florida, 34654</u>
3) <input type="checkbox"/> Change	<u>Sec.</u>	<u>Margarita Laboy</u>	<u>10519 Penelope Place, Unit #104</u>
<input checked="" type="checkbox"/> Add			<u>New Port Richey</u>
<input type="checkbox"/> Remove			<u>Florida 34654</u>
4) <input type="checkbox"/> Change		<u>Remove all other directors/trustees</u>	
<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			

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

**Non-Applicable**

December 2, 2015

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

N/A

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 December 2, 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)

Dr. Wilfredo T. Laboy

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO/President

\_\_\_\_\_  
(Title of person signing)