

N110000002804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

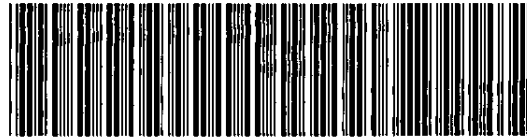
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 28 PM 12:45

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*Amend  
Teevis  
12-28-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Mission Church of God of Charity -  
In Jesus - Christ

**DOCUMENT NUMBER:** 11000002804

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

Please return all correspondence concerning this matter to the following:

Lemodeste Ceboute  
(Name of Contact Person)

Mission Church of God of Charity in Jesus Christ  
(Firm/ Company)

1265 NE 203rd St  
(Address)

North Miami Beach FL 33179  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Lemodeste Ceboute at 786 285 1689  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2011

LUMDODESTE CETOUTE  
MISSION CHURCH OF GOD OF CHARITY  
1265 NE 203RD STREET  
MIAMI, FL 33179

SUBJECT: MISSION CHURCH OF GOD OF CHARITY IN JESUS - CHRIST  
DELIVERANCE MINISTRY INC  
Ref. Number: N11000002804

We have received your document for MISSION CHURCH OF GOD OF CHARITY IN JESUS - CHRIST DELIVERANCE MINISTRY INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by an officer.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 911A00027740

RECEIVED

DEC 28 AM 8:10

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2011

LUMDODESTE CETOUTE  
MISSION CHURCH OF GOD OF CHARITY  
1265 NE 203RD STREET  
MIAMI, FL 33179

SUBJECT: MISSION CHURCH OF GOD OF CHARITY IN JESUS - CHRIST  
DELIVERANCE MINISTRY INC  
Ref. Number: N11000002804

The corporation should file Articles of Amendment to its Articles of Incorporation when making changes to the Articles of Incorporation. Bylaws are not required to be filed with this office, please retain them for your records.

The document submitted does not contain information that is the same as the Articles of Incorporation.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 811A00025414

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DEC -9 AM 8:48

FLORIDA  
TALLAHASSEE

Articles of Amendment  
to  
Articles of Incorporation  
of

Mission Church of God of Charity in Jesus Christ - Deliverance  
(Name of Corporation as currently filed with the Florida Dept. of State) ministry Inc

N 1100000 2804

(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)

(City)

Florida

(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  
11 DEC 28 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>P</u>	<u>Lumadeste Cetoute</u>	<u>1265 NE 203<sup>rd</sup> St</u> <u>NMB FL 33179</u>
2) <u>VP</u>	<u>Desimene Cetoute</u>	<u>300 NW 82<sup>nd</sup> Terrace</u> <u>MIAMI FL 33150</u>
3) <u>Evangelist</u>	<u>Yvette Sido</u>	<u>1265 NE 203<sup>rd</sup> St</u> <u>NMB FL 33179</u>
4) <u>Secretary</u>	<u>Lumany Cetoute</u>	<u>5010P Lighthouse Circle</u> <u>Coconut Creek FL 33063</u>
5) <u>Deacon</u>	<u>Delus Paul</u>	<u>1691 NE 157<sup>th</sup> Terrace</u> <u>NMB FL 33162</u>
6) <u>Treasurer</u>	<u>Sultane Souffrant</u>	<u>14370 NW 15 Dr Miami</u> <u>FL 33167</u>

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

The date of each amendment(s) adoption: August 31<sup>st</sup> 2011  
(date of adoption- 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 12/06/2011

Signature Lumonde Ste Cetrone  
(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)

Lumonde Ste Cetrone  
(Typed or printed name of person signing)

President  
(Title of person signing)