

N11000003161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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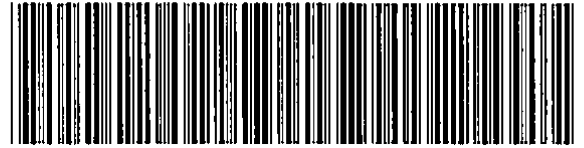
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200328414782

06/20/19- 11:01 AM - 11:01 AM

19 JUN 17 PM 3:46
DIVISION OF CORPORATIONS
STATE OF NEW YORK

N/C
is
Amend.

06/17/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2019

EGLISE BAPTISTE MISSIONNAIRE, INC.
5921 SOUTH ORANGE AVE
ORLANDO, FL 32744

Subject: **EGLISE BAPTISTE MISSIONNAIRE, INC.**
RE: 519A00003942

We have received your document for the above Fictitious Name ; however, the document **has not been filed** and is being returned for the following:

THE DOCUMENT WE RECEIVED IS FOR FICTITIOUS NAME BUT YOUR ENTITY IS CORP. IF YOU WANT TO FILE NAME CHANGE AMENDMENT FOR CORPORATION, YOU NEED TO COMPLETE THE ATTACHED APPLICATION AND RETURN IT TO CORRECT SECTION WITH THE CORRECT FILING FEE. THE CORRECT FILING FEE IS \$35.

Please complete and sign the enclosed application for refund, and return it to my personal and confidential attention at the address below.
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Yasemin Y Sulker
Reinstatement Sections
Division of Corporations

Letter No. 519A00003942

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ÉGLISE BAPTISTE MISSIONNAIRE, INC
DOCUMENT NUMBER: 519A00003942

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

Please return all correspondence concerning this matter to the following:

NAPOLD CASTIN
Name of Contact Person
ÉGLISE BAPTISTE LUMIERE MISSIONNAIRE ORLANDO
Firm/ Company
5921 South ORANGE AVE.
Address
Orlando, Florida 32809
City/ State and Zip Code
Napoldc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAPOLD CASTIN at (407) 655 8251
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 checked="" 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 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

19 JUN 17 PM 3:46
DIVISION OF CORPORATIONS

EGLISE BAPTISTE MISSIONNAIRE, INC

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

519A00003942

(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:

EGLISE BAPTISTE LUMIERE MISSIONNAIRE D' ORLANDO, 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)

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 JEAN BAPTISTE LUCIEN

1450 FLEDGLING CT.

(Florida street address)

New Registered Office Address: ORLANDO, Florida 34837
(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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. If 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	NAPOLD CASTIN	2120 TRIUMFO CR. KISSIMMEE, FL. 34744
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	JEAN BAPTISTE LUCIEN	1450 FLEDGING CT. ORLANDO, FL. 34837
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	PIERRE MARIE ROSELINE	4666 S. RIO GRANDE AVE. APT. C ORLANDO, FL. 32839
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	^R ARISTO WESNER SR.	2423 MARACAIBO DR. KISSIMMEE, FL. 34743
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	C	DESPINASSE EVE/INE	2605 OCILIA CT. ORLANDO, FL. 32839
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

The date of each amendment(s) adoption: MARCH 20TH, 2019, if other than the date this document was signed.

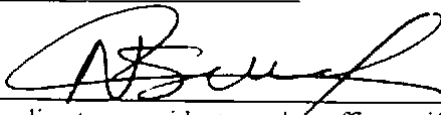
Effective date if applicable: MARCH 20TH, 2019
(no more than 90 days after amendment file date)

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 JUNE 12TH, 2019

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NAPOLD CASTIN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)