

N 12 0000004689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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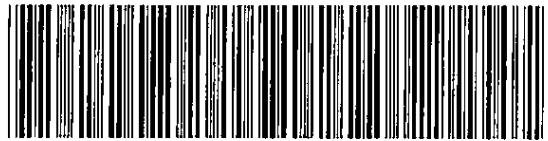
(Business Entity Name)

(Document Number)

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2024 AUG -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

AB



IGLESIA HERMANOS EN CRISTO

1110 Ashlar Avenue
Lehigh Acres, FL 33936
Tel: 239-445-6315
Pastor Elido Villavicencio
Email: MinistryHEC@gmail.com

July 23rd, 2024

Bank of America

Re: Checking Account# 8981-4996-5292
Saving Account# 8981-4996-5302
Corporate Account# 6474-1622-2191-0073

This will serve to confirm that upon the board meeting the officers Rosa Morales, Secretary and Peter Morales, Treasurer, will no longer be members of the congregation or the board and the position for Secretary is hereby appointed to Lisbet Garcia and a new treasurer will be appointed respectively.

Therefore, this will serve to request to remove from all the accounts listed here Rosa Morales, & Peter Morales, including the phone number of Rosa Morales 239-333-6805 which is acting as the main number.

The main number on the account should be reassigned accordingly.

Sincerely,

Elido Villavicencio,
Pastor, President


Rosa Morales,
Secretary

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTRY HERMANOS EN CRISTO LEHIGH ACRES INC

DOCUMENT NUMBER: N12000004689

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

Please return all correspondence concerning this matter to the following:

MARIO E. JUAREZ - CHURCH ACCOUNTANT

(Name of Contact Person)

MB FINANCIAL GROUP PA

(Firm/ Company)

7370 COLLEGE PARKWAY SUITE 301

(Address)

FORT MYERS, FL 33907

(City/ State and Zip Code)

MARIO@MBACCOUNTINGPA.COM

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

For further information concerning this matter, please call:

MARIO E. JUAREZ - CHURCH ACCOUNTANT

239

246-9272

at

(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 checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MINISTRY HERMANOS EN CRISTO LEHIGH ACRES INC

FILED

2024 AUG -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FL

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

N12000004689

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

N/A

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

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>SD</u> | <u>ROSA MORALES</u> | <u>2349 BAINMAR DR</u> <u>LEHIGH ACRES, FL 33973</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>SD</u> | <u>LISBET GARCIA GONZALEZ</u> | <u>2111 SW SANTA BARBARA PL.</u> <u>CAPE CORAL, FL 33991</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>TD</u> | <u>YOANIS SIERRA VERDECIA</u> | <u>421 VANETTA DR</u> <u>LEHIGH ACRES, FL 33972</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>TD</u> | <u>YOANYS SIERRA VERDECIA</u> | <u>421 VANETTA DR</u> <u>LEHIGH ACRES, FL 33972</u> |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>VPD</u> | <u>MARIA PENA</u> | <u>4890 30TH ST W.</u> <u>LEHIGH ACRES, FL 33973</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VPD</u> | <u>MARIA PENA RIVERO</u> | <u>4890 30th ST. W.</u> <u>LEHIGH ACRES, FL 33973</u> |

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

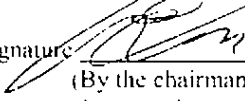
(attach additional sheets, if necessary). (Be specific)

REMOVE - CO- TREASURER PETER MORALES - 2349 BAINMAR DR LEHIGH ACRES, FL 33973

[illegible]

- ☐ 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 07/23/2024

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)

ELIDO A. VILLAVICENCIO

(Typed or printed name of person signing)

PD - SENIOR PASTOR

(Title of person signing)