

N12000008433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

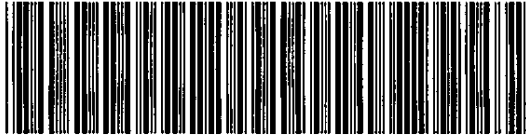
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/10/15--01021--007 \*\*35.00

15 APR 10 PM 3:04  
FILING  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C.L.  
4-14-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2015

PASTOR MADELYNE SAINT-GERMAIN, MDIV.  
STREAMS OF JOY RETREAT CENTER INC  
PO BOX 382045  
JACKSONVILLE, FL 32238 US

SUBJECT: STREAMS OF JOY RETREAT CENTER, INC.  
Ref. Number: N12000008433

We have received your document for STREAMS OF JOY RETREAT CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00004978

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Streams of Joy Retreat Center, Inc.

DOCUMENT NUMBER: N12000008433

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

Please return all correspondence concerning this matter to the following:

Pastor, Madelyne Saint-Germain, MDiv.

Name of Contact Person

Streams of Joy Retreat Center, Inc.

Firm/ Company

PO Box 382045

Address

Jacksonville, Florida 32238

City/ State and Zip Code

streamsofjoyoutreach@gmail.com

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

For further information concerning this matter, please call:

Pastor Madelyne Saint-Germain at ( 904 ) 708-1144

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:

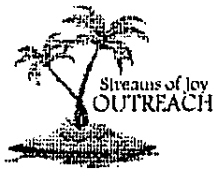
- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



Alive - Grow - Refresh

**STREAMS OF JOY RETREAT CENTER, INC**  
PO Box 382045- Jacksonville, Florida 32238

April 14, 2015

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re Number N 12000008433

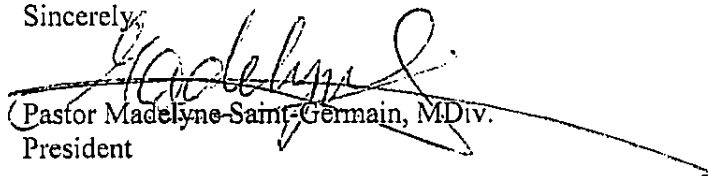
Mrs. Carolyn Lewis,

Good afternoon.

I am sorry about the wrong amendment form. Please find attached the updated application.  
Mrs. Irene told me that I can fax the application to you.

Please feel free to call me for additional information at 904-708-1144.

Sincerely,

  
Pastor Madelyne-Saint-Germain, MDiv.  
President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR 10 PM 3:04

Articles of Amendment  
to  
Articles of Incorporation  
of

**STREAMS OF JOY RETREAT CENTER, INC.**

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

**N12000008433**

(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:**  
*(Principal office address MUST BE A STREET ADDRESS)*

N/A

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

N/A

**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

*(Florida street address)*

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
*(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	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<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)*

Upon the dissolution of the organization, assets shall be distributed for one or more  
exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code  
or corresponding section of any future federal tax code, or shall be distributed to the  
federal government, or to a state or local government, for the public purpose. Any such  
assets not disposed of shall be disposed of by a court of competent jurisdiction in the  
county in which the principal office of the organization is then located, exclusively for  
such purposes or to such organization or organizations, as said Court shall determine,  
which are organized and operated exclusively for such purposes.

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The date of each amendment(s) adoption: 3-9-2015 if other than the date this document was signed.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective date if applicable: 15 APR 10 PM 3:04  
(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 4-14-15

Signature *MacDelaine*

(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)

Pastor MacDelaine Saint-Germain, MDiv.  
(Typed or printed name of person signing)

President  
(Title of person signing)