

10/30/2005 6:42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Received  
corrections  
9/12

Office Use Only



500435259685

08/23/24--01011--025 \*\*35.00

FILED  
2024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2024

EDUARDO ARIEL DURATO  
9067 HASTING BEACH BLVD  
ORLANDO, FL 32829

SUBJECT: EVANGELICAL PENTECOSTAL CHURCH IN ORLANDO INC  
Ref. Number: N13000008640

We have received your document for EVANGELICAL PENTECOSTAL CHURCH IN ORLANDO 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):

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

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT  
Regulatory Specialist III

Letter Number: 624A00019359

2024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

1160

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

EVANGELICAL PENTECOSTAL CHURCH IN ORLANDO INC

NAME OF CORPORATION: \_\_\_\_\_

13000008640

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

EDUARDO ARIEL DURATO

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

9067 HASTINGS BEACH BLVD

\_\_\_\_\_  
(Address)

ORLANDO, FLORIDA 32829

\_\_\_\_\_  
(City/ State and Zip Code)

epcdirectoriorlando@yahoo.com

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

For further information concerning this matter, please call:

EDUARDO ARIEL DURATO

336

391 3907

\_\_\_\_\_  
(Name of Contact Person)

at

\_\_\_\_\_  
(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 is<br>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

2024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

No Check

Articles of Amendment  
to  
Articles of Incorporation  
of

EVANGELICAL PENTECOSTAL CHURCH IN ORLANDO INC

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

13000008640

(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

2024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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	<u>S</u>	<u>PABLO GUTIERREZ</u>	<u>8160 COUNTY ROAD 64</u> <u>DEPTO 412</u>
<input checked="" type="checkbox"/> Remove			<u>DAPHNE, AL 36526</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>JORGE MIRANDA</u>	<u>8204 JELLISON ST</u> <u>ORLANDO, FL 32825</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>IRINA DURATO</u>	<u>8204 JELLISON ST</u> <u>ORLANDO, FL 32825</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>ANTONELLA LUNA</u>	<u>511 ENSENADA DR.</u> <u>ORLANDO, FL 32825</u>
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			

1024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

---

---

---

---

---

---

---

---

Blank lined area for text entry.

FILED  
2024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

The date of each amendment(s) adoption: 09/08/2024, if other than the date this document was signed.

Effective date if applicable: 09/08/2024  
(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.

09/08/2024

Dated

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)

EDUARDO ARIEL DURATO

(Typed or printed name of person signing)

PRESIDENTE

(Title of person signing)

FILED  
2024 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL