

NI4000 002 359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

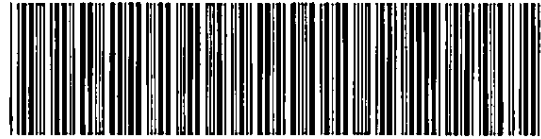
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 SEP 16 PM 10:42

FILED

SEP 16 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Right Way Ministries International, Inc

DOCUMENT NUMBER: N14000002359

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

Please return all correspondence concerning this matter to the following:

Mary L. Johnson-Gordon

(Name of Contact Person)

Right Way Ministries International, Inc

(Firm/ Company)

9183 Via Classico East

(Address)

Wellington Florida 33411

(City/ State and Zip Code)

maryjohnsongordon@comcast.net

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

For further information concerning this matter, please call:

Mary L. Johnson-Gordon

561

904- 6530

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2019

MARY L JOHNSON-GORDON
9183 VIS CLASSICO EAST
WELLINGTON, FL 33411

SUBJECT: RIGHT WAY MINISTRIES INTERNATIONAL, INC
Ref. Number: N14000002359

We have received your document for RIGHT WAY MINISTRIES INTERNATIONAL, INC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a LLC.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 319A00017733

2019 SEP 16 AM 11:21

REC'D

FILE

(Name of Corporation as currently filed with the Florida Dept. of State) P. 12 of 12

(Document Number of Corporation (if known) 001-1448862)

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

9183 Via Classico East,

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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	<u>TR</u>	<u>Inga T. Robinson</u>	<u>8546 Water Cay</u>
<input checked="" type="checkbox"/> Add			<u>West Palm Beach FL. 33411</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>TR</u>	<u>Renee L. Johnson-Cole</u>	<u>10652 Paso Feno Drive</u>
<input checked="" type="checkbox"/> Add			<u>Wellington, FL 33449</u>
<input type="checkbox"/> Remove			<u>8546 Water Cay</u>
3) <input type="checkbox"/> Change	<u>TR</u>	<u>Gloria P. Johnson-Cusack</u>	<u>West Palm Beach ,FL.33411</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>TR</u>	<u>Robert David Johnson</u>	<u>23 Shale Drake Drive</u>
<input checked="" type="checkbox"/> Add			<u>Palm Beach FL. 33418</u>
<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			

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

Effective date if applicable: _____
(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 Aug. 16., 2019 _____

Signature Mary L. Johnson - Gordon
(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)

Mary L. Johnson-Gordon

(Typed or printed name of person signing)

Chief Director/CEO

(Title of person signing)