

N14 00001 0715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

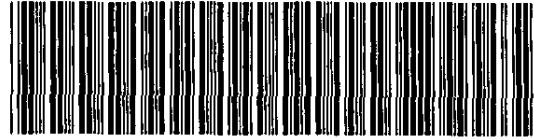
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000295954690

02/27/17--01018--016 **52.50

NK
JUN 14 2017
R. WHITE

And fees \$0

17 JUN 13 2017:12



224

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

GILBERTO FELICIANO
2634 SUMMIT ST.
PALM HARBOR, FL 34683

SUBJECT: SALEM MINISTRIES CHURCH FOUNDATION, INC.
Ref. Number: N14000010715

We have received your document for SALEM MINISTRIES CHURCH FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please verify the spelling of the new corporate name. The word "Missionary" is misspelled.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 717A00003956

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SALEM MINISTRIES CHURCH FOUNDATION, INC

DOCUMENT NUMBER: N14000010715

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

Please return all correspondence concerning this matter to the following:

GILBERTO FELICIANO
(Name of Contact Person)

MISSIONARY CHURCH CARIBBEAN REGION INC.
(Firm/ Company)

2634 SUMMIT STREET
(Address)

PALM HARBOR FL 34683
(City/ State and Zip Code)

MCPR2017@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILBERTO FELICIANO at 787 881-2640
(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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Prion check sending

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

RECEIVED
17 JUN 12 PM 3:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

GILBERTO FELICIANO
2634 SUMMIT ST.
PALM HARBOR, FL 34683

SUBJECT: SALEM MINISTRIES CHURCH FOUNDATION, INC.
Ref. Number: N14000010715

We have received your document for SALEM MINISTRIES CHURCH FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please verify the spelling of the new corporate name. The word "Missionary" is misspelled.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 717A00003956

Articles of Amendment
to
Articles of Incorporation
of

17 JUN 13 AM 11:12

SALEM MINISTRIES CHURCH FOUNDATION, INC.

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

N14000010715

(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:

MISSIONARY CHURCH CARIBBEAN REGION 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:

2634 SUMMIT STREET

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

PALM HARBOR FL 34683

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

PO BOX 833

CEIBA PR 00735

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:

GILBERTO FELICIANO

2634 SUMMIT STREET

(Florida street address)

New Registered Office Address:

PALM HARBOR

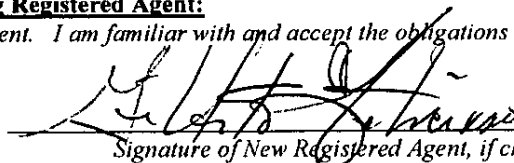
(City)

Florida 34683

(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>RD</u>	<u>ALBERTO RODRIGUEZ</u>	<u>14335 SW 120TH ST</u> <u>SUITE 104</u> <u>MIAMI FL 33186</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>RAYMOND DIAZ</u>	<u>1019 NORTH MAIN STREET</u> <u>KISSIMMEE FL 34744</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>ANNETTE PEREZ</u>	
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>RD</u>	<u>GILBERTO FELICIANO</u>	<u>2634 SUMMIT STREET</u> <u>PALM HARBOR FL 34683</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BIENVENIDO DIAZ</u>	<u>2634 SUMMIT STREET</u> <u>PALM HARBOR FL 34683</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>ANN RIVERA</u>	<u>2634 SUMMIT STREET</u> <u>PALM HARBOR FL 34683</u>

FEBRUARY 3, 2017

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.

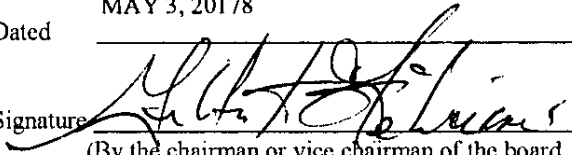
Adoption of Amendment(s) (CHECK ONE)

- 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.

MAY 3, 20178

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)

GILBERTO FELICIANO

(Typed or printed name of person signing)

REGIONAL DIRECTOR- CHAIR MAN

(Title of person signing)

DECLARACION JURADA

Yo, **GILBERTO FELICIANO CRUZ**, casado, mayor de edad, propietario y vecino de Río Grande, Puerto Rico, bajo el más formal juramento DECLARO:

1. Mi nombre y demás circunstancias personales son como quedan antes expresadas.

2. El declarante es Director Regional de Missionary Church Caribbean Region desde el día 17 de noviembre de 2016 y ratificado en Asamblea General celebrada el 1 de abril de 2017.

3. El declarante hace constar que desde el 17 de noviembre de 2016 el Sr. Alberto Rodríguez fue retirado de sus funciones por General Oversight Council (GOC) de sus funciones.

4. El declarante hace constar que el Pastor Alberto Rodríguez no está autorizado de realizar función presidencial alguna para Missionary Church Caribbean Region, ni representar a Missionary Church Caribbean Region.

QUE LO DECLARADO ES LA VERDAD y nada más que la verdad y para que así conste, firmo la presente declaración. En Río Grande, Puerto Rico 23 de abril de 2017.

DECLARACION JURADA

Yo, **GILBERTO FELICIANO CRUZ**, casado, mayor de edad, propietario y vecino de Río Grande, Puerto Rico, bajo el más formal juramento DECLARO:

1. Mi nombre y demás circunstancias personales son como quedan antes expresadas.

2. El declarante es Director Regional de Missionary Church Caribbean Region desde el día 17 de noviembre de 2016 y ratificado en Asamblea General celebrada el 1 de abril de 2017.

3. El declarante hace constar que desde el 17 de noviembre de 2016 el Sr. Alberto Rodríguez fue retirado de sus funciones por General Oversight Council (GOC) de sus funciones.

4. El declarante hace constar que el Pastor Alberto Rodríguez no está autorizado de realizar función presidencial alguna para Missionary Church Caribbean Region, mi representar a Missionary Church Caribbean Region.

QUE LO DECLARADO ES LA VERDAD y nada más que la verdad y para que así conste, firmo la presente declaración. En Río Grande, Puerto Rico a 23 de abril de 2017.


GILBERTO FELICIANO CRUZ

AFFIDAVIT NUM: 11.982

Jurado y suscrito ante mí por **GILBERTO FELICIANO CRUZ** de las circunstancias personales antes expresadas y a quien DOY FE de conocer personalmente. En Río Grande, Puerto Rico a 23 de abril de 2017.




NOTARIA PÚBLICO