# N15000009510

(Req	uestor's Name)
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(City)	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
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Special Instructions to Fi	iling Officer:
	O 321F
	J. HORNE
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Office Use Only



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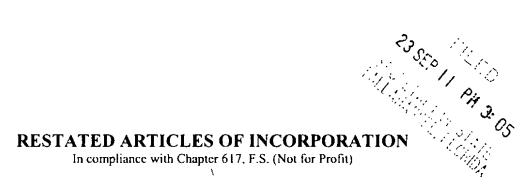
### **COVER LETTER**

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	CORPORATE NAME			
Enclosed are an orig	ginal and one (1) copy of the re	stated articles of incorpora	ation and a check fo	
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy	<ul> <li>         □ \$52.50     </li> <li>         Filing Fee,         Certified Copy         &amp; Certificate of         Status     </li> </ul>	
		ADDITIONAL CO		

FROM:	Robert Sadler
i icom.	Name (Printed or typed)
	14660 Banana Tree Lane
	Address
	Clearwater, FL 33760
	City, State & Zip
	7274922977
	Daytime Telephone number
	dunedin1111@hotmail.com
•	E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.



ARTICLE I NAME
The name of the corporation is:

IN GOD'S DIVINE LIGHT HEALING AND METAPHYSICAL CENTER, INC.

## ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows: ARTICLE I. NAME The name of this corporation is In God's Divine Light Healing and Metaphysical Center, Inc. ARTICLE II. The principal place of business is 20 Chartly Court North, Sarasota, FL 34232 and the mailing address is c/o Robert Sadler, 14660 Banana Tree Lane, Clearwater, FL 33760. ARTICLE III The specific purpose for which this corporation is organized is for religious beliefs, based upon the teachings of spiritual truth as shared by the Spirit Guides and Teachers through mental and physical phenomena, and healing, that have guided the corporation from its founding. The corporation has an ordination program, requiring completion of an appropriate class curriculum and any required testing. The corporation has the authority to issue ordination certificates that shall be automatically renewed every five years. provided that the certificate holder maintains his or her membership. The renewal process maintains the original ordination date and does not require new testing or issuance of a new certificate. ARTICLE IV. The manner in which Directors are elected or appointed is provided in the By-Laws of the corporation, The Center shall be managed by a group of Board of Directors, and Trustees. The Board Directors shall be composed of: the President, Vice-President, Secretary, and Treasurer, with duties listed in the By-laws. Additional Board members are composed of up to three (3) Trustees, with duties listed in the By-laws. ARTICLE V. The name and mailing address of the Registered Agent is Robert Sadler, 14660 Banana Tree Lane, Clearwater, FL 33760

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:	1, , , , , , , , , , , , , , , , , , ,	move, and barry briting by do arrived.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	Michelle Axberg	4170 HERON WAY B211
$\frac{X}{X}$ Add			Bradenton, FL 34205
Remove			
2) Change	S	Robert Sadler	14660 Banana Tree Lane
X			Clearwater, FL 33760
Remove			5511 Dinah Place
3) Change	T	Rev. Elisabeth Johnson	Sarasota, FL 34231
X Add			
Remove			
4) Change	<u>T</u>	Janne Ackerman	1520 Glen Oaks Dr E #345-C
X Add			Sarasota, FL 34232
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

The name and F	<u>llorida street address</u> (P.O.)	Box <b>NOT</b> acceptable) of the registered a	gent is:
Name:	Robert Sadler		
Address:	14660 Banana 1	Tree Lane	
	Clearwater, FL 3	33760	
certificate, I am	familiar with and accept the	rcept service of process for the above star appointment as registered agent and agence.	ted corporation at the place designated in this gree to act in this capacity
	-	<del></del>	iginal articles of incorporation and
ARTICLE VII	REQUIRED ADOPTION	<u>INFORMATION</u>	
Adoption of A	Amendment(s)	(CHECK ONE)	
required mem	ated articles of incorporate approval. The date were sufficient for approval.	of adoption of the amendments	he articles of incorporation which was, and
These resta	ated articles of incorpor	ration were adopted by the board	of directors.

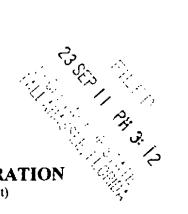
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.
Dated: 9-/-23  Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)  (Title of person signing)

#### **COVER LETTER**

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: IN GO	D'S DIVINE LIGHT HEALIN	IG AND METAPHYSI	CAL CENTER, INC.
· · · · · · · · · · · · · · · · · · ·	CO	RPORATE NAME	, , , , , , , , , , , , , , , , , , ,
Enclosed are an orig	sinal and one (1) copy of the res	stated articles of incorpor	ation and a check for:
☐ \$35.00 Filing Fee	☐ \$43.75 Filing Fec & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☑ \$52.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
		e (Printed or typed)	
74	4660 Banana Tre		
С	learwater, FL 33		
	City,	State & Zip	
72	274922977		
	•	elephone number	
dı	unedin1111@ho	tmail.com	
	E-mail address: (to be use	d for future annual report r	notification)

NOTE: Please provide the original and one copy of the document.



## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME IN GOD'S DIVINE LIGHT HEALING AND METAPHYSICAL CENTER, INC. The name of the corporation is:
ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows:
ARTICLE I. NAME The name of this corporation is In God's Divine Light Healing and
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composed of up to three (3) Trustees, with duties listed in the By-laws. ARTICLE V The
name and mailing address of the Registered Agent is Robert Sadler, 14660 Banana Tree Lane,
Clearwater, FL 33760

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(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: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
<u>X</u> Add	<u>SV</u> Sally	y Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)  1) Change	T	Michelle Axberg	4170 HERON WAY B211
X Add	<del></del>		Bradenton, FL 34205
Remove			
2) Change	<u>S</u>	Robert Sadler	14660 Banana Tree Lane
X			Clearwater, FL 33760
Remove			5511 Dinah Place
3) Change	<u>T</u>	Rev. Elisabeth Johnson	Sarasota, FL 34231
$X_{Add}$			
Remove			
4) Change	<u>T</u>	Janne Ackerman	1520 Glen Oaks Dr E #345-C
X			Sarasota, FL 34232
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Name:	Robert Sadler	
Address:	14660 Banana Tree Lane	
	Clearwater, FL 33760	
	amed as registered agent to accept service of process for the above so a familiar with and accept the appointment as registered agent and a service of process for the above so a familiar with and accept the appointment as registered agent and a service of process for the above so a familiar with and accept the appointment as registered agent and accept service of process for the above so a familiar with and accept the appointment as registered agent and accept the accept	
	Required Signature/Registered Agent	Date
ARTICLE VI	ARTICLE CONSOLIDATION	
all amendme	dopted restated articles of incorporation supersede the cents to them.  **REQUIRED ADOPTION INFORMATION**	original articles of incorporation
ARTICLETI	TRES CINIS SECTION IN CRESTION	
Adoption of	Amendment(s) (CHECK ONE)	

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RTICLE VIII _EFFECTIVE DATE:
iffective date, if other than the date of filing:
If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)
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.
submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Dated: $9-1-2-3$
Signature:
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)
James 5, Poe
(Typed or printed name of person signing)
(Title of person signing)
(

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