

N15000012173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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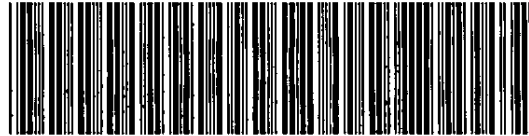
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS
16 JUN 28 AM 9:44

June 14, 2016

SANTOS CRUZ
3834 BAY CLUB CIRCLE UNIT 203
KISSIMMEE, FL 32741

SUBJECT: MINISTERIO EVANGELISTICO INTERNACIONAL LAS ALMAS SON
DE CRISTO CORPORATION
Ref. Number: N15000012173

We have received your document for MINISTERIO EVANGELISTICO INTERNACIONAL LAS ALMAS SON DE CRISTO CORPORATION 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 incorrect form was submitted. Please complete form pursuant to a Florida Not For Profit Corporation, section 617.

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 016A00012459

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ministerio Evangelistico Internacional las
Almas son de Cristo
DOCUMENT NUMBER: N 15000012173

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

Please return all correspondence concerning this matter to the following:

Santos Cruz

(Name of Contact Person)

3

(Firm/ Company)

3834 Bay Club Circle unit 203

(Address)

Kissimmee FL 32741

(City/ State and Zip Code)

Pmq9677@aol.com

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

For further information concerning this matter, please call:

(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 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 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

16 JUN 28 11 02 AM '16
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Ministerio Evangelistico Internacional las Almas
San de Cristo (Name of Corporation as currently filed with the Florida Dept. of State)

N15000012173

(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:

(Florida street address)

New Registered Office 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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	T	PAULA M GRULLON	2658 S. MYSTLE AV. Sanford FL 32773
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	MARIA C ALMIRON	2547 Raccoon Run Lane Orlando FL 32837
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	Officer	Richard Aguilar	2658 S MYSTLE AV. Sanford FL 32773
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	Officer	Maria P. Correa	2658 S. MYSTLE AV. Sanford FL 32773
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)

1. **Introduction:** The document discusses the importance of maintaining accurate records of all transactions, including sales, purchases, and expenses, for financial reporting and tax purposes. It emphasizes the need for a systematic approach to record-keeping and the use of appropriate accounting methods.

2. **Record-Keeping Requirements:** The document outlines the specific requirements for maintaining records, including the need to retain records for a minimum of six years. It also discusses the importance of using reliable and accurate sources of information, such as bank statements and receipts, to support the recorded transactions.

3. **Accounting Methods:** The document describes the different accounting methods available, including the cash method and the accrual method. It explains the differences between these methods and the impact they have on the timing of income and expense recognition.

4. **Financial Reporting:** The document discusses the importance of preparing accurate financial statements, including the balance sheet, income statement, and cash flow statement. It emphasizes the need for transparency and accuracy in reporting financial information to stakeholders.

5. **Tax Implications:** The document discusses the tax implications of various transactions and the importance of understanding the applicable tax laws. It highlights the need for careful record-keeping to ensure accurate tax reporting and to take advantage of available tax deductions and credits.

6. **Conclusion:** The document concludes by reiterating the importance of maintaining accurate records and using appropriate accounting methods. It encourages individuals and businesses to seek professional advice when needed to ensure compliance with applicable laws and regulations.

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

Effective date if applicable: _____

6/01/2016
(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 _____

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)

Paula Grullon
(Typed or printed name of person signing)

Treasurer
(Title of person signing)