

N917000002747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

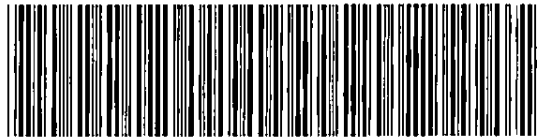
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SECRETARY OF STATE  
TALLAHASSEE, FL

AB

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** New Life Ministries of Southwest Florida, Inc.

**DOCUMENT NUMBER:** N97000002747

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

Please return all correspondence concerning this matter to the following:

Donna D. Wade

(Name of Contact Person)

New Life Ministries of Southwest Florida, Inc.

(Firm/ Company)

PO Box 1034

(Address)

Arcadia, Florida 34265-1034

(City/ State and Zip Code)

donna@newlifearcadia.com

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

For further information concerning this matter, please call:

Donna D. Wade

863

990-9147

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:

☐ \$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)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

New Life Ministries of Southwest Florida, Inc.

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

N97000002747

(Document Number of Corporation (if known))

FILED

2024 SEP 12 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FL

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:**

N/A 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**)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

PO Box 1034

Arcadia, FL 34265-1034

**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:

Donna D. Wade

3307 NW Roundhouse Dr.

(Florida street address)

New Registered Office Address:

Arcadia

(City)

Florida 34266

(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 type="checkbox"/> Remove	<u>P</u>	<u>Kenneth T. Everhart</u> <u>DECEASED</u>	<u>3224 NW Roundhouse Dr.</u> <u>Arcadia, FL 34266</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Diana D. Everhart</u>	<u>3224 NW Roundhouse Dr.</u> <u>Arcadia, FL 34266</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Lyle D. Cooper</u> <u>DECEASED</u>	<u>3183 NW Roundhouse Dr.</u> <u>Arcadia, FL 34266</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>V</u>	<u>Jason S. Wade</u>	<u>3307 NW Roundhouse Dr.</u> <u>Arcadia, FL 34266</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>V / T</u>	<u>Donna D. Wade</u>	<u>3307 NW Roundhouse Dr.</u> <u>Arcadia, FL 34266</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>TR / TR</u>	<u>Daniel W. Miller &amp; Melinda M. Miller</u>	<u>6346 NW Cul-De-Sac Rd.</u> <u>Arcadia, FL 34266</u>

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

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

*(Please see attached Pages / Statements)*

[illegible]

☐ 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 July 10, 2024

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)

Donna D. Wade

(Typed or printed name of person signing)

Vice-President, Registered Agent

(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2024

DONNA D. WADE  
PO BOX 1034  
ARCADIA, FL 34265-1034

SUBJECT: NEW LIFE MINISTRIES OF SOUTHWEST FLORIDA, INC.  
Ref. Number: N97000002747

We have received your document for NEW LIFE MINISTRIES OF SOUTHWEST FLORIDA, 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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 624A00016162

AUG 12 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2024

DONNA D. WADE  
PO BOX 1034  
ARCADIA, FL 34265-1034

SUBJECT: NEW LIFE MINISTRIES OF SOUTHWEST FLORIDA, INC.  
Ref. Number: N97000002747

We have received your document for NEW LIFE MINISTRIES OF SOUTHWEST FLORIDA, 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):

PLEASE ONE DOCUMENT TO BE FILE IN OUR OFFICE.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 524A00018116

AUG 26 2024





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2024

DONNA D. WADE  
PO BOX 1034  
ARCADIA, FL 34265-1034

SUBJECT: NEW LIFE MINISTRIES OF SOUTHWEST FLORIDA, INC.  
Ref. Number: N97000002747

We have received your document for NEW LIFE MINISTRIES OF SOUTHWEST FLORIDA, 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):

Please only one document to be file.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 624A00019452

