

N98000000641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

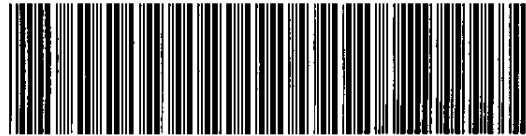
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2011 OCT 19 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TBrown

10-20-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FIRST BAPTIST CHURCH EBENEZER OF ORLANDO

**DOCUMENT NUMBER:** <sup>N</sup>98000000641

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

Please return all correspondence concerning this matter to the following:

PIERRE A MICHAUD

(Name of Contact Person)

FIRST BAPTIST CHURCH EBENEZER OF ORLANDO, INC

(Firm/ Company)

3403-3413 NORTH PINE HILLS RD

(Address)

ORLANDO, FL 32808

(City/ State and Zip Code)

past855@aol.com

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

For further information concerning this matter, please call:

PIERRE MICHAUD

(Name of Contact Person)

at ( 321 ) 276 2085

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2011

PREMIERE EGLISE BAPTISTE EBEN-EZER D'ORLANDO, INC.  
PIERRE A MICHAUD  
3403-3413 N PINE HILLS RD  
ORLANDO, FL 32808

SUBJECT: PREMIERE EGLISE BAPTISTE EBEN-EZER D'ORLANDO, INC.  
Ref. Number: N98000000641

We have received your document for PREMIERE EGLISE BAPTISTE EBEN-EZER D'ORLANDO, INC. 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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 611A00022725

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Premiere Eglise Baptiste Eben-Ezer D, Orlando, Inc

**DOCUMENT NUMBER:** N98000000641

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

Please return all correspondence concerning this matter to the following:

PIERRE A MICHAUD

(Name of Contact Person)

Premiere Eglise Baptiste Eben-Ezer D, Orlando, Inc

(Firm/ Company)

3403-3413 NORTH PINEHILLS RD

(Address)

ORLANDO, FL 32808

(City/ State and Zip Code)

past855@aol.com

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

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Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Premiere Eglise Baptiste Eben-Ezer D'Orlando, Inc.

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

N98000000641

(Document Number of Corporation (if known))

FILED  
2011 OCT 19 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Florida street 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

(Attach additional sheets, if necessary)

☐ Remove  
Address Change

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

[illegible]

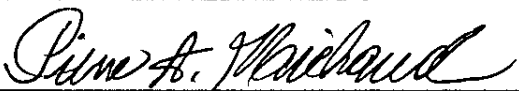
The date of each amendment(s) adoption: SEPTEMBER,27 2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 SEPTEMBER,27 2011

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)

PIERRE A MICHAUD  
(Typed or printed name of person signing)

DIRECTOR/PASTOR  
(Title of person signing)