

N98000005092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

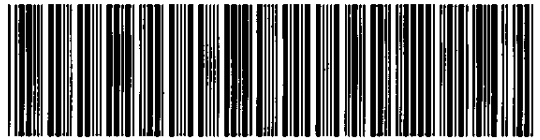
(Document Number)

Certified Copies _____

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000156054620

05/20/09--01012--018 **43.75

FILED
2009 JUN -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend & N/C

TB

6-1-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WOMEN OF DESTINY INTERNATIONAL, INC

DOCUMENT NUMBER: N98000005092

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

Please return all correspondence concerning this matter to the following:

AVON WITHERSPOON

Name of Contact Person

WOMEN OF DESTINY INTERNATIONAL, INC

Firm/ Company

P.O. BOX 140686

Address

GAINESVILLE, FL 32614

City/ State and Zip Code

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

For further information concerning this matter, please call:

AVON WITHERSPOON

Name of Contact Person

at (352) 333-0840

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

MAY 28, 2009

RECEIVED

2009 JUN -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO: TERESA BROWN
AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

5 PGS TOTAL

**FR: AVON WITHERSPOON
P.O. BOX 140686
GAINESVILLE, FL 32614**

**RE: NAME CHANGE AMENDMENT FOR NON PROFIT
DOC # N98000005092 – WOMEN OF DESTINY INT'L.**

**ORIGINAL AMENDMENT WITH FEE OF \$43.75 WAS
SENT IN ON WRONG FORM (A FOR PROFIT
CORPORATION FORM) IN ERROR. ENCLOSED ARE
THE CORRECTED FORMS FOR NON PROFIT
CORPORATIONS.**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2009

AVON WITHERSPOON
WOMEN OF DESTINY INTERNATIONAL, INC.
PO BOX 140686
GAINESVILLE, FL 32614

SUBJECT: WOMEN OF DESTINY INTERNATIONAL, INC.
Ref. Number: N98000005092

We have received your document for WOMEN OF DESTINY INTERNATIONAL, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 409A00017704

Articles of Amendment
to
Articles of Incorporation
of

WOMEN OF DESTINY INTERNATIONAL, INC.

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

N98000005092

(Document Number of Corporation (if known))

FILED
2009 JUN -1 AM 9:04
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:

REDEEMED INTERNATIONAL EVANGELISTIC ASSOCIATION, 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:

(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)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

ARTICLE III PURPOSE (CHANGE)

TO HELP RECONCILE MANKIND BACK TO GOD BY HELPING INDIVIDUALS TO
 DISCOVER THEIR PURPOSE/DESTINY IN LIFE THROUGH EDUCATION, TRAINING
 AND MENTORSHIP.

The date of each amendment(s) adoption: MAY 2, 2009

Effective date if applicable: JUNE 1, 2009

(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 MAY 19, 2009

Signature Avon Witherspoon

(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)

AVON WITHERSPOON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)