

N99000002328

- Lloyd L. Moore
14541 S.W. 296th St
Leisure City Fl 33033

700002958907--7
-08/13/99--01027--003
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

FILED
99 AUG 13 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NC

T. LEWIS AUG 20 1999

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

HOUSE OF Refuge Christian Center, Inc.
(present name)

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

Anointed Christian Faith Center, Inc.

SECOND: The date of adoption of the amendment(s) was: 7-1-99

THIRD: Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Corporation Name
President Floyd L. Moore

Signature of Chairman, Vice Chairman, President or other officer

President Floyd L. Moore
Typed or printed name

President

Title

8-11-99

Date

FILED
99 AUG 13 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Internal Revenue Service
District Director

Department of the Treasury

Date: 8-4-99

Person to Contact: 6621 DAL

Telephone Number(s):

Dallas: 742-2440
Toll-Free: 1-800-829-1040

Name and Current Address

ANDANTE CHRISTIAN FAITH CENTER, INC
14541 SW 296TH ST
HOMESTEAD, FL 33033

First Social Security Number (On Return)	Spouse's Social Security Number	Employer Identification Number 65-0891955		
Form Number/Tax Period	Refund Taxpayer Expects	Filing Status	Date Filed	Where Filed
Phone Number/Best Time to Call Work () Home ()	Person to Contact	Name/Address on Return	<input type="checkbox"/> Same as above	
<input type="checkbox"/> REFUND INQUIRY? <input type="checkbox"/> LOST, STOLEN, DESTROYED? <input type="checkbox"/> PREVIOUS CONTACT/DATE: _____				
<input type="checkbox"/> PREVIOUS IRS REPLY (DATE/REFERENCE): _____				
OTHER INQUIRY: VERIFICATION OF NAME CHANGE				

Dear Taxpayer:

In reply to your inquiry of 8-4-99 about your tax account, please see box(es) 1 checked below. Please see the enclosed _____.

- ☐ 1. We have referred your inquiry to _____. If you don't hear from them within _____ days, please contact our office again.
- ☐ 2. Your refund check for \$_____ was scheduled to be mailed on _____. If you haven't received it within _____ weeks of that date, please contact us again.
- ☐ 3. Your refund of \$_____ was scheduled to be deposited directly to your account on _____. If you haven't received it within _____ weeks of that date, please contact us again.
- ☐ 4. We received your tax return but haven't completed processing it. We will contact you if we need more information. If you don't receive your refund or information about your return within the next _____ weeks, please contact our office again.
- ☐ 5. We are enclosing the transcripts of your account as you requested.
- ☐ 6. We can't find any information about your tax return by using the name and social security number shown above. Please contact our office if either is incorrect. However, if our information is correct and at least _____ weeks have passed

(over)

since you filed your return, please send us a copy of your return (including all attachments and copies of your W-2's). Both you and your spouse must sign the copy, if you filed jointly. We won't accept a photocopied signature. Mail it to the IRS Service Center,

If you didn't keep copies of your documents, you may have to get them. If someone else prepared your return, that person may have a copy. Your employer may be able to give you a copy of your W-2, or you may be able to use an end-of-year earnings statement to establish your income.

- ☐ 7. We requested the information on your Form W-2/1099 and you should receive it in 5 weeks. Contact us if you haven't received it in that time.
- ☐ 8. We can't complete the processing of your return because your name or social security number doesn't match IRS records. Please complete the enclosed Form 4149 and return it in the envelope we have provided. If possible, include a copy of your social security card. Don't send the original card. Your refund check should be in the mail to you within _____ weeks after we receive the completed Form 4149. If your social security card doesn't show your current name, contact your local Social Security Administration Office to have their records corrected.
- ☐ 9. We have taken the appropriate action to have your refund issued based on the information you sent about the discrepancy in your name and social security number. You should receive the refund within _____ weeks.
- ☐ 10. Your refund has been delayed because our records show more than one return was filed using your social security number. If you didn't file more than one return, or if you filed a copy of your original return, please contact us.
- ☐ 11. We applied \$_____ of your 19_____ federal tax refund to an outstanding debt reported to IRS by the _____. The rest of your refund was scheduled to be mailed to you on _____. If you believe you don't owe this debt, contact the agency at the address or telephone number shown below.

Telephone (____) _____

If you and your spouse filed a joint return but only one of you is responsible for the debt, the other may be able to file a claim to recover his or her part of the refund. Please contact our office for help.

- ☒ 12. OTHER: OUR RECORD SHOWS THAT THE NAME OF THE EMPLOYER FOR
THE LISTED EIN HAS BEEN CHANGED FROM HOUSE OF REFUGE CHRISTIAN
CENTER TO ADVENTIST CHRISTIAN FAITH CENTER, INC.

If you have questions about this matter, please call or write our office. Use the telephone number or address shown on the front of this letter. Whenever you write, please include your daytime telephone number and the best time for us to call you.

Sincerely yours,

Janice Higgins
Taxpayer Service Division

Enclosure(s): As stated

LA/75/13300

Letter 1721(DO) (Rev. 10-92)

D & G Properties, Inc.
16200 S.W. 172ND Avenue
Miami, Fl 33187
(305) 238-3830
(305) 255-6381 Fax

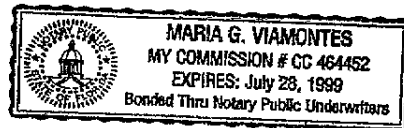
July 27, 1999

To Whom It May Concern:

I Richard Groh, owner of Naranja Plaza Shopping Center lease approximately 1600' to Pastor
Floyd Moore ~~1632 South Dixie Highway, Naranja, FL~~ for \$1,000.00 per month.

Sincerely,

Richard Groh



Richard Groh
President/Owner

SWORN & SUBSCRIBED BEFORE ME ON THIS
27th DAY OF JULY 1999.

Maria G. Viamontes

This is the address to the church

~~11544 S.W. 296th St~~

~~11544 S.W. 296th St~~

~~Littleton City, CO 80120~~