

N99000004068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

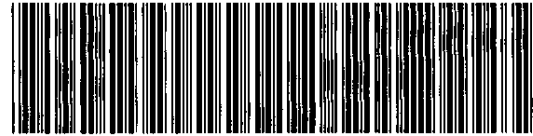
(Business Entity Name)

(Document Number)

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10 SEP 27 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*And  
9/27/10*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AVANCE CRISTIANO MINISTRIES, INC.

DOCUMENT NUMBER: N99000004068

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

Please return all correspondence concerning this matter to the following:

JOHN M. DONNIACUO  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

612 S. MARTIN LUTHER KING, JR. Ave  
Address

CLEARWATER FL 33756  
City/ State and Zip Code

info @ reqcorp. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN M. DONNIACUO at (727) 447-9546  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

**August 31, 2010**

**JOHN M. DONNIACUO**  
**612 S MARTIN LUTHER KING JR AVE**  
**CLEARWATER, FL 33756**

**SUBJECT: AVANCE CRISTIANO MINISTRIES, INC.**  
**Ref. Number: N99000004068**

**We have received your document for AVANCE CRISTIANO MINISTRIES, 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):**

**Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.**

**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) 245-6916.**

**Carol Mustain**  
**Regulatory Specialist II**

**Letter Number: 010A00020883**

**RECEIVED**  
**10 SEP 20 PM 12: 22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2010

JOHN M. DONNIACUO  
612 S MARTIN LUTHER KING JR AVE  
CLEARWATER, FL 33756

SUBJECT: AVANCE CRISTIANO MINISTRIES, INC.  
Ref. Number: N99000004068

We have received your document for AVANCE CRISTIANO MINISTRIES, 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):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The signature page is for a profit corporation. Enclosed, please find the correct signature page for a non profit corporation.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 010A00020883

Articles of Amendment  
to  
Articles of Incorporation  
of

AVANCE CRISTIANO MINISTRIES, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N9900000 4068

(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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 27 AM 10:17

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**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)

\_\_\_\_\_, 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>
<u>VP</u>	<u>NELIDA ARROYO</u>	<u>3412 PLEASANT LAKE DR. TAMPA, FL 33618</u>	<input checked="" 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)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 8-26-10  
(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 8-26-10

Signature Alberto Acosta  
(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)

ALBERTO ACOSTA  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)