

NO7000004164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

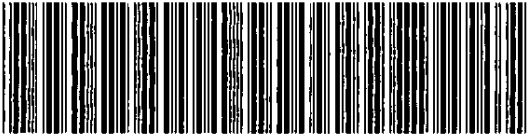
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

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07/24/09--01015--025 \*\*43.75

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09 AUG 31 PM 1:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Amend C  
Tewis  
9-2-09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MINISTERIO INTERNACIONAL EBENEZER INC

**DOCUMENT NUMBER:** N07000004164

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

Please return all correspondence concerning this matter to the following:

NOEL GALINDO  
(Name of Contact Person)

MINISTERIO INTERNACIONAL EBENEZER INC.  
(Firm/ Company)

1510 SW FRESNO RD.  
(Address)

PORT SAINT LUCIE, FL 34953  
(City/ State and Zip Code)

galindoi@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Galindo at ( 772 ) 985-1415  
(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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

July 28, 2009

NOEL GALINDO  
MINISTERIO INTERNATIONAL EBENEZER INC  
1510 SW FRESNO ROAD  
PORT ST. LUCIE, FL 34953

SUBJECT: MINISTERIO INTERNATIONAL EBENEZER INC.  
Ref. Number: N07000004164

**RECEIVED**  
07/31/09

We have received your document for MINISTERIO INTERNATIONAL EBENEZER INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 709A00025834

RECEIVED  
2009 AUG 31 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
09 AUG 31 PM 1:38

MINISTERIO INTERNACIONAL EBENEZER INC.

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

N07000004164

(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:**

MINISTERIO INTERNACIONAL EBENEZER 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**)

Rev. Noel Galindo

4311 SW Darwin Blvd.

Port Saint Lucie, FI 34953

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

1510 SW Fresno Rd.

Port Saint Lucie, FI 34953

**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>
S	BELKYS FIGUEROA	2625 SW ACCO RD PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	JOSE A. FIGUEROA	2625 SW ACCO RD PORT SAINT LUCIE, FL 34953	<input checked="" 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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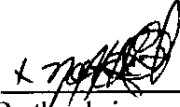
The date of each amendment(s) adoption: 08/05/09  
(date of adoption is required)

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 08/07/09

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)

REV. NOEL GALINDO  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)