

709445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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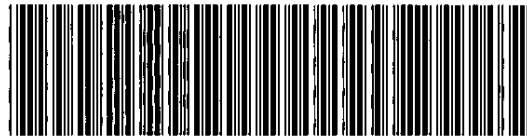
(Business Entity Name)

(Document Number)

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Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BAR
9/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Melbourne Civic Theatre, Inc.

DOCUMENT NUMBER: 709445

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

Please return all correspondence concerning this matter to the following:

Michael D. Paul
(Name of Contact Person)

Melbourne Civic Theatre
(Firm/ Company)

817 E. Strawbridge Ave.
(Address)

Melbourne, FL 32901
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Peg Girard at (321) 723-6935
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 SEP -1 PM 12:24

Melbourne Civic Theatre, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

709445

(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)

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:

Michael D. Paul

New Registered Office Address:

2700 N HWY A1A APT 16-104

(Florida street address)

Indialantic

(City)

Florida 32903
(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.

Michael D Paul

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>ident</u>	<u>Michael D. Paul</u>	<u>2700 N HWY A1A</u> <u>APT 16-104</u> <u>Indialantic, FL</u> <u>32903</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>rsident</u>	<u>Rachel Greshes</u>	<u>525 Palmetto Ave.</u> <u>Melbourne, FL</u> <u>32901</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>rer</u>	<u>Mijee B. Dirks</u>	<u>231 S. 3rd St.</u> <u>Cocoa Beach, FL</u> <u>32931</u>	<input checked="" 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)

[illegible]

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>Secretary</u>	<u>Dawn S. Murden</u>	<u>649 Orange Ct.</u> <u>Rockledge, FL</u> <u>32955</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>President</u>	<u>Michael Mellen</u>	<u>902 Haas Ave. NE</u> <u>Palm Bay, FL</u> <u>32907</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Debbie Pitcher</u>	<u>770 Second St.</u> <u>Merritt Island, FL</u> <u>32957</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(Attach additional sheets, if necessary)

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 8/18/2010
(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 8/28/2010

Signature Michael D Paul

(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)

Michael D. Paul
(Typed or printed name of person signing)

President
(Title of person signing)