

LIS 060137097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

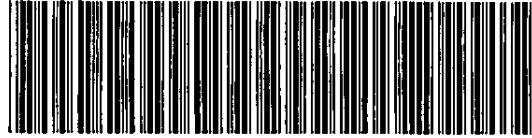
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2015

THOMAS KELSEY
106 RACETRACK RD
FT WALTON BEACH, FL 32547

SUBJECT: FWB CHARITIES, LLC
Ref. Number: L15000137097

We have received your document for FWB CHARITIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 615A00026490

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FWB Charities, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas M. Kelsey
Name of Person

FWB Charities, LLC
Firm/Company

106 Racetrack Rd.
Address

Fort Walton Beach, FL. 32547
City/State and Zip Code

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

For further information concerning this matter, please call:

Tom Kelsey at 850, 864. 4141
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FWRB CHARITIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Kelsey
Name of Person

FWRB CHARITIES, LLC
Firm/Company

106 RACE TRACK Rd. NE
Address

FT. WALTON BEACH, FL. 32547
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Kelsey at (850) 864.4141
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
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P.O. Box 6327
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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Amanda Wilkerson	ECWR Zoological Park 5262 Peer Springs Rd. Crestview, FL. 32539	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Kathy Blue	Destin History and Fishing Museum 108 Stahlman Ave P.O. Box 548 Destin, FL. 32540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Ann Spann	NORTH OKALOOSA HISTORICAL ASS, INC. 115 Westview Ave Valparaiso, FL. 32580	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Joan Doman	Air Force Armament Museum Foundation 100 Museum Drive Eglin AFB, FL. 32542	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Cyndie Brown	Family Life Ministries of N.W. FL. 1007 Gospel Rd. Fort Walton Beach, FL. 32547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	James Weatherbee Debbie Weatherbee	The Optimist Club of Ft. Walton Beach, FL. Inc. 609 Cambridge Ave. Ft. Walton Beach, FL. 32547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 JAN - 11 1:37 PM '08

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Almut Flentge	Animal Protection League of Okaloosa County, Inc 423 Sunset Blvd Fort Walton Beach, FL. 32547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	James Martin	XXXXX Fraternal Order of Police P.O. Box 965 Fort Walton Beach, FL. 32549	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6 JAN - 4 PM 1:38

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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16 JAN -4 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Jan 2, 2016.



Signature of a member or authorized representative of a member

Thomas M Kelley

Typed or printed name of signee