

U1000000 5334

St. Augustine maritime heritage

1501 Turtle Bay Cove
Ponte Vedra Beach, FL 32082

Foundation

& c/o

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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11 APR 15 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2011
FILED

Handwritten signature and date
4/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. Augustine Maritime Heritage Foundation, Inc.

DOCUMENT NUMBER: N 10000005334

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

Please return all correspondence concerning this matter to the following:

Nancy Schachnovsky
(Name of Contact Person)

St. Augustine Maritime Heritage Foundation
(Firm/ Company)

1501 Turtle Bay Cove
(Address)

Ponte Vedra Beach, FL 32082
(City/ State and Zip Code)

nshachnovsky1@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Schachnovsky at (904) 826-1950
(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 type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) <i>already sent</i> | <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

March 10, 2011

NANCY S SCHACHNOVSKY
1501 TURTLE BAY COVE
PONTE VEDRA BEACH, FL 32082

SUBJECT: ST. AUGUSTINE MARITIME HERITAGE FOUNDATION, INC.
Ref. Number: N1000005334

We have received your document for ST. AUGUSTINE MARITIME HERITAGE FOUNDATION, INC. and your check(s) totaling \$43.75. 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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 111A00005955

RECEIVED
11 APR 15 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

APR 15 2011
11 APR 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)
Sr. Augustine Maritime Heritage Foundation, Inc
(Document Number of Corporation (if known) - N1000000 5334)

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: _____

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>
_____	_____	_____	<input 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)

Amendment #1 - Dissolution

upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose

The date of each amendment(s) adoption: February 1, 2011
(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 4/14/11 _____

Signature Nancy S. Schachnovsky
(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)

Nancy S. Schachnovsky
(Typed or printed name of person signing)

Treasurer
(Title of person signing)