

N 48083

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP - 2 AM 11: 56

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*Amend*  
C.COULLIETTE

SEP 03 2009

EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Quality Life Center of SWFL, Inc.

DOCUMENT NUMBER: N48083

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

Please return all correspondence concerning this matter to the following:

Ann Kaplan  
(Name of Contact Person)

Quality Life Center of SWFL, Inc.  
(Firm/ Company)

P.O. Box 1290  
(Address)

Ft. Myers, FL 33902-1290  
(City/ State and Zip Code)

ann@qualitylife center.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Kaplan at (239) 334-2797 Ext. 134  
(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

Quality Life Center of Southwest Florida, Inc.

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

N48083

(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)

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

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TALLAHASSEE FLORIDA

**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>SD</u>	<u>Vanessa J. Brundige</u>	<u>c/o 24031 S. Tamiami Tr. Bonita Springs, FL 34134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Controller</u>	<u>Ann Kaplan</u>	<u>14420 Bald Eagle Dr. Fort Myers, FL 33912</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Executive Director</u>	<u>Mr. Abdul'Haq Muhammed</u>	<u>181682 Tangerine Rd. Fort Myers, FL 33967</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)*

Mission: We strive to strengthen and instill pride  
in, family and community through the development  
of programs, services and the provision of housing  
and property management to ultimately cultivate  
self development, teach self-discipline, build  
confidence and promote nutritional and cultural  
awareness.



## Quality Life Center of Southwest Florida, Inc.

PO Drawer 1290, Fort Myers, Florida 33902-1290

Phone: (239) 334-2797 ☐ Fax: (239) 334-3599 ☐ [qualitylifecenter.org](http://qualitylifecenter.org)

Title	Name	Address	Type of Action
<u>AD</u> <u>Administrative Director</u>	<u>Adrienne Carr</u>	<u>713 Palmetto Ave</u> <u>Lehigh Acres, FL 33972</u>	<input checked="" type="checkbox"/> Add

*Quality Life Center of Southwest Florida, Inc.* is a non profit 501(c) 3 organization.  
We strive to strengthen family and community, and instill personal pride through programs and institutions that cultivate self-development, teach self-discipline, build confidence and self-esteem, and promote cultural appreciation.

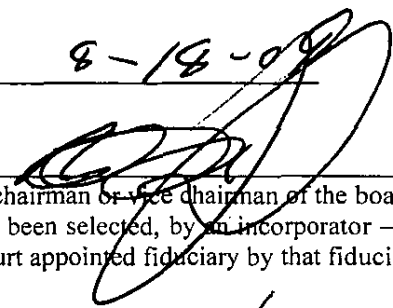
The date of each amendment(s) adoption: Aug. 15, 2009  
(date of adoption is required)

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 8-18-09

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)

Mr. Abdul Haq Muhammed  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)