

710972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

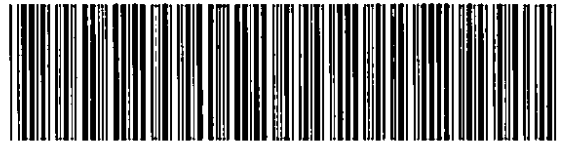
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

4135-



100316038131

07/27/18--01012--018 \*\*35.00

**FILED**  
2018 AUG 16 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

AUG 20 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Community Woman's Club, Inc.

**DOCUMENT NUMBER:** 710972

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

Please return all correspondence concerning this matter to the following:

Lea Ann Sullivan

(Name of Contact Person)

Lea Ann Sullivan, CPA

(Firm/ Company)

5300 Citrus Blvd.

(Address)

Cocoa, FL 32926

(City/ State and Zip Code)

For further information concerning this matter, please call:

Lea Ann Sullivan

(Name of Contact Person)

at ( 321 ) 536-8957

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2018

LEA ANN SULLIVAN  
5300 CITRUS BOULEVARD  
COCOA, FL 32926

SUBJECT: COMMUNITY WOMAN'S CLUB, INC.  
Ref. Number: 710972

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00015840

RECEIVED  
AUG 16 AM 11:25  
TALLAHASSEE  
SECRETARY OF STATE

RECEIVED  
18 AUG 16 AM 11:25  
TALLAHASSEE  
SECRETARY OF STATE

[www.sunbiz.org](http://www.sunbiz.org)

**FILED**  
2018 AUG 16 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

(Document number of corporation (if known))

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The date of adoption of the amendment(s) was: 5/1/18

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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Maureen Bryan  
(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.)

MAUREEN BRYAN

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

FILING FEE: \$35