

732608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

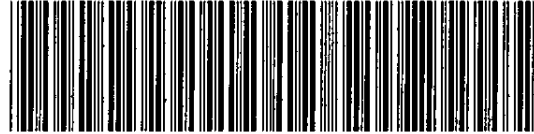
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SHANNON K. BALMER**  
**ATTORNEY AT LAW**  
**2329 SOUTH RIDGEWOOD AVENUE**  
**EDGEWATER, FLORIDA 32141**  
**PHONE 386.409.8177**  
**FAX 386.409.8178**

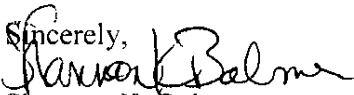
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

November 19, 2007

Dear Sir or Madam:

I represent the Edgewater Volunteer Emergency Rescue, Inc. I am filing this paperwork on behalf of my client. Per my conversation with the Division of Corporations, please find enclosed the application for reinstatement along with a check in the amount of \$1041.25 as quoted from the Division of Corporations for the reinstatement of Edgewater Volunteer Emergency Rescue, Inc.

Along with the application for reinstatement, please find Articles of Amendment to Articles of Incorporation of Edgewater Volunteer Emergency Rescue, Inc. along with a check in the amount of \$43.75 for a name change. In speaking with the Division of Corporations, the gentleman instructed me to enclose both sets of paperwork with a request to file the reinstatement prior to the Articles of Amendment. If there is any issue or problem with this, please do not hesitate to contact me at the above phone number. Thank you for your help in straightening out this matter.

Sincerely,  
  
Shannon K. Balmer  
Attorney at Law

CC: Nancy Nachman, EVER, Inc. Treasurer

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Edgewater Volunteer Emergency Rescue, Inc.

**DOCUMENT NUMBER:** 732608

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

Please return all correspondence concerning this matter to the following:

Nancy Nachman, Treasurer

(Name of Contact Person)

Edgewater Vounteer Emergency Rescue, Inc.

(Firm/ Company)

P.O. Box 1027

(Address)

Edgewater, FL 32132

(City/ State and Zip Code)

For further information concerning this matter, please call:

Shannon Balmer

(Name of Contact Person)

at ( 386 ) 409-8177

(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

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

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

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

(Attach additional pages if necessary)  
(continued)

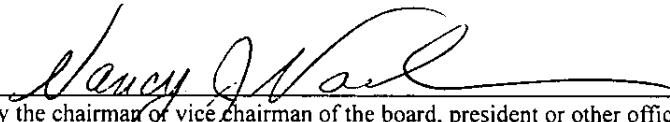
The date of adoption of the amendment(s) was: November 15, 2007

Effective date if applicable: November 15, 2007  
(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

  
(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 J. Nachman

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

**FILING FEE: \$35**