

764294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

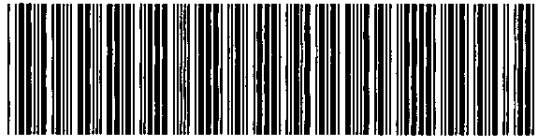
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

212

10-27-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HILLSBOROUGH COUNTY SOCIETY OF ST. VINCENT DE PAUL, INC.

**DOCUMENT NUMBER:** 764294

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

Please return all correspondence concerning this matter to the following:

NORMAN DEROCHE

(Name of Contact Person)

HILLSBOROUGH COUNTY SOCIETY OF ST. VINCENT DE PAUL  
(Firm/ Company)

8316 WOODLAKE PLACE

(Address)

TAMPA FL 33615

(City/ State and Zip Code)

For further information concerning this matter, please call:

NORMAN DEROCHE

(Name of Contact Person)

at (813) 505-3146

(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

HILLSBOROUGH COUNTY SOCIETY OF ST. VINCENT DE PAUL, INC  
(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

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TALLAHASSEE, FLORIDA  
Profit

West Hillsborough County Society of St Vincent de Paul, Inc.

**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: 10/1/08

Effective date if applicable: 10/1/08  
(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 Norman E DeRoche  
(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.)

NORMAN DEROCHE  
(Typed or printed name of person signing)

EXECUTIVE DIRECTOR  
(Title of person signing)

**FILING FEE: \$35**