

FD6000004264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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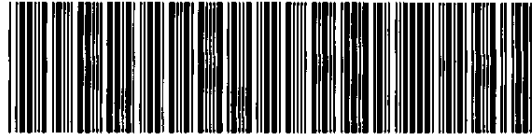
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name
change
Amend

05/14/09--01027--003 **43.75

Handwritten signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 14 AM 11:43

FILED

AKR
5/20/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Conference of Gerontological Nurse Practitioners, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000004264

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon Dancy
Name of Contact Person

Dancy, Puetz & Associates
Firm/Company

7794 Grow Drive
Address

Pensacola, FL 32514
City/State and Zip Code

jon.dancy@dancyamc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harriet McClung at (850) 474-7292 Ext 212
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 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

(Pursuant to s. 617.1504, F.S.)

F06000004264

FILED
2009 MAY 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
U
rs in (sda)

- (Incorporated under laws of)

(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)

- May 7, 2009

- (Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation.)

- effected.

(Date) _____

- was effected.

(Date) _____

-

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of the chairman or vice chairman of the board,
president, or other officer - if in the hands of a receiver, trustee,
or other court-appointed fiduciary, by that fiduciary)

(Typed or printed name of the person signing)

(Title of person signing)

May. 7. 2009 5:16PM Corporation Division PUETZ AMC

No. 2902 P. 2 03/03



Phone: (503) 985-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
285 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Articles of Amendment—Business/Professional/Nonprofit

Check the appropriate box below:

- ☐ BUSINESS/PROFESSIONAL CORPORATION
(Complete only 1, 2, 3, 4, 6, 7)
☒ NONPROFIT CORPORATION
(Complete only 1, 2, 3, 5, 6, 7)

FILED

MAY 07 2009

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 168519-17

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: National Conference of Gerontological Nurse Practitioners

2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)

Article 1: The name of the corporation is the Gerontological Advanced Practice Nurses Association

3) THE AMENDMENT WAS ADOPTED ON: September 26, 2008

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

- ☐ Shareholder action was required to adopt the amendment(s). The vote was as follows:

| Class or series of shares | Number of shares outstanding | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|---------------------------|------------------------------|-------------------------------------|--------------------------|------------------------------|
| | | | | |

- ☐ Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

- ☐ The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

- ☐ Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

- ☒ Membership approval was required. The membership vote was as follows:

| Class(es) entitled to vote | Number of members entitled to vote | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|----------------------------|------------------------------------|-------------------------------------|--------------------------|------------------------------|
| Active | 1582 | 113 | 100 | 4 |

6) EXECUTION
Signature

Printed Name

Title

Susan Mullaney

SUSAN MULLANEY

President

7) CONTACT NAME (To resolve questions with this filing.)

Harriet McChung

DAYTIME PHONE NUMBER (include area code.)

850-471-7075

FEES

Required Processing Fee \$50

Confirmation Copy (Optional) \$5

No Fee for Nonprofit Type Change

No Fee for President/Secretary Change

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.