

No2000009253

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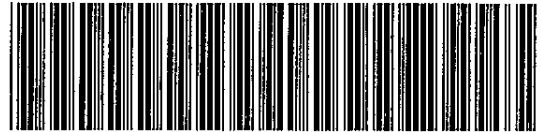
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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02/25/05--01039--0/2 \*\*52.50

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA ASSOCIATION OF PUBLIC HEALTH NURSES, INC

**DOCUMENT NUMBER:** N02000009253

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

Please return all correspondence concerning this matter to the following:

SUSAN CRAWFORD

(Name of Contact Person)

FLORIDA ASSOCIATION OF PUBLIC HEALTH NURSES, INC.

(Firm/ Company)

PO BOX 771403

(Address)

WINTER GARDEN FL 34777

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

CARMELLA PAPPAS

(Name of Contact Person)

at ( 850 )

863-7067

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

FLORIDA ASSOCIATION OF PUBLIC HEALTH NURSES, INC.,  
(Name of corporation as currently filed with the Florida Dept. of State)

N02000009253

(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:

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

N/A

(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)**

ARTICLE III The specific purpose for which this corporation is organized is:

FOR CHARITABLE PURPOSES BY PROVIDING SOLUTIONS TO PUBLIC HEALTH PROBLEMS,

EDUCATION AND PROMOTING PUBLIC HEALTH AND PUBLIC HEALTH NURSING IN THE STATE

OF FLORIDA. PROVIDE AN OPPORTUNITY FOR PUBLIC HEALTH NURSES TO SHARE

PROFESSIONAL INFORMATION.

(Attach additional pages if necessary)

(continued)

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TALLAHASSEE, FLORIDA

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The date of adoption of the amendment(s) was: 2/1/05

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.

Signed this 19<sup>th</sup> day of February, 2005.

Signature Susan Crawford  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

SUSAN CRAWFORD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**