## N0300000004

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

West Pasco G NAME OF CORPORATION:	irls Fastpitch Softball A	ssociation	1		<i>6</i>
N03000000004  DOCUMENT NUMBER:					16 pcc -2
The enclosed Articles of Amendment and fee a	re submitted for filing.				P 73
Please return all correspondence concerning thi	s matter to the following	:			•
Robert McAnn *					
	(Name of Contac	t Person)			
West Pasco Girls Fastpitch Softball Association	n				
	(Firm/ Comp	any)			
1324 Seven Springs Boulevard, Box 124		•			
	(Address	)			
New Port Richey, FI 34655					
- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(City/ State and 2	Cip Code)	<del></del>		
wpgfsa@yahoo.com					
E-mail address: (to b	oe used for future annual	report no	tification	)	
For further information concerning this matter,	please call:				
Robert McAnn		727		858-2488	
(Name of Contact	Person)		a Code)	(Daytime Telephone )	Number)
Enclosed is a check for the following amount m	ade payable to the Flori	da Depari	tnient of S	State:	
\$35 Filing Fee \$35 Filing Fee Certificate of S	Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	py is	Certifi Certifi	O Filing Fee cate of Status ed Copy tional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton I	nent Secti of Corpo Building		

Tallahassee, FL 32301

## Articles of Amendment to... Articles of Incorporation of

West Pasco Girls Fastpitch Softball Association		
	ntly filed with the Florida Dept. of State)	
N0300000004		
(Document Numl	per of Corporation (if known)	
amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporat	tion:	
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	) 1324 Seven Springs Boulevard, Box 124	
	New Port Richey, Fl 34655	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1324 Seven Springs Boulevard, Box 124	
	New Port Richey, FI 34655	
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the	
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent:  Robert M.	IcAnn	
1324 Sev	en Springs Boulevard, Box 124	
	(Florida street address)	
New Registered Office Address:	P. I	
New Port	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.	
S	ignature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and na	ame of each officer/director being removed and title, name, and
address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:				
X Change X Remove		ohn Doe Mike Jones		
X Adid	<u>s'v</u> <u>s</u>	aily Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	P	Jim Garland	8609 GumTrce Avenue	
Add			New Port Richey, FI 34653	
X Remove				
2) Change	P	Keith Satterwhite, SR	8609 GumTree Avenue	
Add			New Port Richey, FI 34653	
X Remove				
3) Change	<u>s</u>	Betty Ruth	8609 Gum Tree Avenue	
Add			New Port Richey, Fl 34653	
X Remove				
4) X Change	VP	Nicole Celeste	1324 Seven Springs Boulevard	
Add			Box 124	
Remove			New Port Richey, FI 34655	
*		l kada kan 1977 - 1981 saga kabanda kan ipilian karanga 1885 di mililia 1992 manan manya kan maka di pama		
5) X Change	T	Sue Ann May	1324 Seven Springs Boulevard	
Add			Box 124	
Remove			New Port Richey, FI 34655	
6) Change .	P	Robert McAnn	1324 Seven Springs Boulevard	
X Add	<del></del>		Box 124	
Remove			New Port Richey, FI 34655	
_ <del></del>				

If amending the Officers and/or Directors, enter the title and na	me of each officer/director being removed and title, name, and
address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	1 <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	s	Sandra Billett	1324 Seven Springs Boulevard
X Add			Box 124
Remove			New Port Richey, Fl 34655
2) Change	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change •			·
Add			**************************************
Remove			
5) Change			
Add			
Remove ;			
6) Change			
Add			
Remove			

mending or adding additional Artick ach additional sheets, if necessary). (				
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The date of each amendment(s) adopt late this document was signed.	ion:	_, if other than the
,,		
Effective date <u>if applicable</u> :		····
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 😾 !	9(16	
Signature *	obut m/	_
have not been s	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator — if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
: Robert McA	nn .	
	(Typed or printed name of person signing)	
President		
<del></del>	(Title of person signing)	