

NO3000009097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300158871583

07/29/09--01013--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 11 PM 12:28

Amend
C. COULLIETTE
SEP 11 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Society of Accountants, Inc.

DOCUMENT NUMBER: N03000009097

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

Please return all correspondence concerning this matter to the following:

Marcia J. Cochran

(Name of Contact Person)

Florida Society of Accountants, Inc.

(Firm/ Company)

PO Box 156

(Address)

New Port Richey FL 34656

(City/ State and Zip Code)

fsadminagent@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia J. Cochran

(Name of Contact Person)

at (800) 342-0051

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2009

MARCIA J. COCHRAN
FLORIDA SOCIETY OF ACCOUNTANTS, INC.
PO BOX 156
NEW PORT RICHEY, FL 34656

SUBJECT: FLORIDA SOCIETY OF ACCOUNTANTS, INC.
Ref. Number: N03000009097

We have received your document for FLORIDA SOCIETY OF ACCOUNTANTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 209A00026555

RECEIVED
2009 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Florida Society of Accountants, Inc.

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

N03000009097

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
09 SEP 11 PM 12:28

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------------------------|--------------------|--|-----------------------|
| President | Wendy Winebrenner | PO Box 56368 St Petersburg FL 33732 | Change |
| 1 st Vice President | Charlotte Davis | PO Box 5312 Lakeland FL 33807 | Change |
| 2 nd Vice President | Barbara Tremblay | 427 NE 3 rd Street, Ste A Crystal River FL 34429 | Change |
| Secretary | Pamela D. Robinson | PO Box 2365 Pinellas Park FL 33780 | Add |
| Treasurer | Roger H. Jacobs | PO Box 38 Brooksville FL 34605 | Add |
| Past President | Timothy L. Vance | 2650 Tampa Road, Unit B Palm Harbor FL 34684 | Change |

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: June 26, 2009

(date of adoption is required)

Effective date if applicable: June 26, 2009

(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(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

September 3 2009

Signature

Wendy Winebrenner

(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)

Wendy Winebrenner

(Typed or printed name of person signing)

President

(Title of person signing)