

N03 0000 11066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

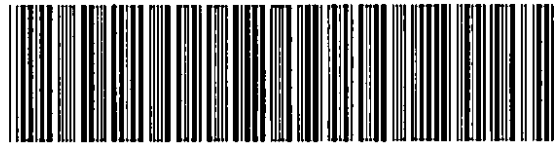
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 29 PM 5:18

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

Magnolia Volunteer Fire Department
NAME OF CORPORATION: _____

N03000011066
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Guilford L. McDonald

(Name of Contact Person)

Magnolia Volunteer Fire Department

(Firm/ Company)

21252 NW Magnolia VFD Road

(Address)

Altha, Florida 32421

(City/ State and Zip Code)

guilfordl@gtcom.net

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

For further information concerning this matter, please call:

Guilford L. McDonald

850

899-3747

at

(Name of Contact Person)

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 OCT 29 AM 8:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2021

GUILFORD L. MCDONALD
21252 NW MAGNOLIA VFD RD
ALTHA, FL 32421

SUBJECT: MAGNOLIA VOLUNTEER FIRE DEPT., INC.
Ref. Number: N03000011066

We have received your document for MAGNOLIA VOLUNTEER FIRE DEPT., INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 221A00020081

*Re submitted per request
as not for profit
form
[Signature]
10/26/21*

RECEIVED

2021 AUG 20 AM 2:24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

GUILFORD L. MCDONALD
21252 NW MAGNOLIA VFD RD
ALTHA, FL 32421

SUBJECT: MAGNOLIA VOLUNTEER FIRE DEPT., INC.
Ref. Number: N03000011066

We have received your document for MAGNOLIA VOLUNTEER FIRE DEPT., INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please be specific in your intentions.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 621A00014188

Articles of Amendment
to
Articles of Incorporation
of

Magnolia Volunteer Fire Department

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

N03000011066

(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

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Chief</u>	<u>Jimmv Bvrd</u>	<u>19028 NE Woodmont Drive</u> <u>Blountstown, Florida 32424</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>A.Chief</u>	<u>Richard Biss</u>	<u>18663 NE Frank Williams Lane</u> <u>Blountstown, Florida 32424</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Chief</u>	<u>Jody Hoagland</u>	<u>20856 SE Morningside Circle</u> <u>Blountstown, Florida 32424</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Chief</u>	<u>Kevin Parrish</u>	<u>17064 NE Morgan Tucker Road</u> <u>Altha, Florida 32421</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>A.Chief</u>	<u>Blaine Barfield</u>	<u>21252 NW Magnolia VFD Road</u> <u>Altha, Florida 32421</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TTTreas</u>	<u>Guilford L. McDonald</u>	<u>17014 NE Luke Holland Road</u> <u>Altha, Florida 32421</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Remove Secretary Liz Parrish 17014 NE Morgan Tucker Road, Altha, Florida 32421

The date of each amendment(s) adoption: 12 August 2021, if other than the date this document was signed.

Effective date if applicable: 12 August 2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12 August 2021

Signature _____

(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)



(Typed or printed name of person signing)

Guilford L. McDonald

TREASURER

(Title of person signing)