

N04000004575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Kim Davis  
AUTHORIZED TO SIGN TO  
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09/28/07--01034--009 \*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 NOV -8 PM 2:57

PS 11/8/07  
uc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2007

KIM DAVIS  
P O BOX 963  
EASTPOINT, FL 32328-0963

SUBJECT: ST. GEORGE ISLAND MERCHANTS ASSOCIATION INC  
Ref. Number: N04000004575

We have received your document for ST. GEORGE ISLAND MERCHANTS ASSOCIATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6957.

Pamela Smith  
Regulatory Specialist II

Letter Number: 007A00058279

**COVER LETTER**

✓ **TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** St. George Island <sup>Merchants</sup> Business Association Inc.

**DOCUMENT NUMBER:** N04000004575

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

Please return all correspondence concerning this matter to the following:

Kim Davis

(Name of Contact Person)

St. George Island <sup>Business</sup> Merchants Association Inc.

(Firm/ Company)

P. O. Box 963

(Address)

Eastpoint, FL 32328-0963

(City/ State and Zip Code)

For further information concerning this matter, please call:

Kim Davis

(Name of Contact Person)

at ( 850 ) 653-6875

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

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DIVISION OF CORPORATIONS  
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(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

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

(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)**

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 09/26/07

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.

Signature \_\_\_\_\_

*Kim Davis*

(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.)

Kim Davis

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

**FILING FEE: \$35**