

N04000005323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05 NOV 17 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Caring Hands Caring Community, Inc.

DOCUMENT NUMBER: NO4000005323

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

Please return all correspondence concerning this matter to the following:

Dr. Larry B. Lake
(Name of Contact Person)

St. Johns Welfare Federation
(Firm/ Company)

161B Marine Street
(Address)

St. Augustine, FL 32084
(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. Larry B. Lake at (904) 829-3475
(Name of Contact Person) (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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 32399



November 16, 2005

Ms. Cheryl Coulliette, Document specialist
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Ms. Coulliette:

In Re: Letter Number 505ZA00065304

Please find enclosed the document you require in order to complete our application for an amendment to the Caring Hands - Caring Community, Inc. Articles of Incorporation. Since the entity has been reinstated, I'm also inclosing the original application per your request. Our check in the amount of \$35.00 has already been received by your department.

If you should need additional information, you may reach me at my direct-dial telephone number 904/829-6514.

Thank you for your assistance in this matter.

Sincerely,

Catherine Karlak
For
Larry B. Lake, PhD
Executive Director/CEO

Ck

Enc.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 28, 2005

DR. LARRY B. LAKE
ST. JOHNS WELFARE FEDERATION
161B MARINE ST.
ST. AUGUSTINE, FL 32084

SUBJECT: CARING HANDS CARING COMMUNITY, INC.
Ref. Number: N04000005323

We have received your document for CARING HANDS CARING COMMUNITY, 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 above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2005 annual report. The entity must be reinstated before this document can be filed.

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
Document Specialist

Letter Number: 505A00065304

Articles of Amendment
to
Articles of Incorporation
of

FILED
05 NOV 17 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Caring Hands Caring Community, Inc.

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

NO4000005323

(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):

(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:

ORGANIZED WITHIN THE MEANING OF SECTION 501(C)(3) OF IRS CODE, CORPORATION WILL FACILITATE CHARITABLE, LONG TERM HEALTHCARE AND REHABILITATION SERVICES, SKILLED NURSING SERVICES, ASSISTED LIVING HEALTHCARE SERVICES. UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPTION PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERATION TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. THE ORGANIZATION HAS BEEN FORMED TO SUPPORT ST. JOHNS WELFARE FEDERATION, ITS PROGRAMS, MISSION AND PURPOSES.

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: SEPTEMBER 29, 2005

Effective date if applicable: (Same as Adopted)
(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

Larry B. Lake Executive Director/CEO
(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.)

LARRY B. Lake

(Typed or printed name of person signing)

Executive Director/CEO

(Title of person signing)

FILING FEE: \$35