

N04000005496

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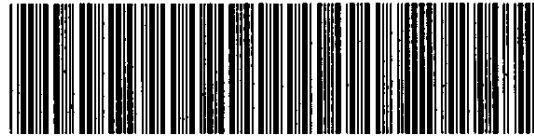
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2009 NOV 20 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

NOV 24 2009

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Disconnected Piecers Quilt Guild, Inc.

DOCUMENT NUMBER: N04000005496

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

Please return all correspondence concerning this matter to the following:

Anne David

(Name of Contact Person)

Disconnected Piecers Quilt Guild, Inc.

(Firm/ Company)

335 Camden Lane

(Address)

Port Charlotte, FL 33953

(City/ State and Zip Code)

gad33david@yahoo.com

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

For further information concerning this matter, please call:

Anne David

(Name of Contact Person)

at (**941**) **255-5360**

(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

Articles of Amendment
to
Articles of Incorporation
of

Disconnected Piecers Quilt Guild, Inc.

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

N04000005496

(Document Number of Corporation (if known))

FILED
2005 NOV 20 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

335 Camden Lane

Port Charlotte, FL 33953

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

335 Camden Lane

Port Charlotte, FL 33953

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)

_____, Florida
(City) (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres.</u>	<u>Anne David</u>	<u>335 Camden Lane</u> <u>Port Charlotte, FL 33953</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vice Pres</u>	<u>Holy Sias</u>	<u>2548 Oracle Lane</u> <u>North Port, FL 34288</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Trea</u>	<u>Edith Leonard</u>	<u>10047 SW Riverview Cir.</u> <u>Arcadia, FL 34269</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article III Purpose (add the following to existing language): This organization is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Upon winding up and dissolution of this corporation, after paying or adequately providing for the debts and obligations of the corporation, if the named beneficiary at the time of dissolution may not be qualified, may not be in existence, or may be unwilling or unable to accept the assets of the dissolving organization, the remaining assets shall be distributed to a non-profit fund, foundation, or corporation which is organized and operated exclusively for charitable, educational, religious, and scientific purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

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>
Rec. Sec.	Jo Rigassio	9131 Berendo Ave. Englewood, FL 34224	Add
Cor. Sec.	Janice Pulse	23056 Walton Ave. Port Charlotte, FL 33952	Add
Pres.	Patricia Kohl	20300 Zelda Ave Port Charlotte, FL 33952	Remove
Vice Pres.	Adrian Coloton	1300 Hinton Street Port Charlotte, FL 33952	Remove
Treas.	Judy Merick	18336 Cortland Ave. Port Charlotte, FL 33948	Remove
Rec Sec.	Peg Nederveld	1640 Atares Dr. #15 Punta Gorda, FL 33980	Remove
Cor. Sec.	Jan Sidmon	1891 San Mateo Dr. Northport, FL 34288	Remove

The date of each amendment(s) adoption: November 17, 2009

(date of adoption is required)

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(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 November 17, 2009

Signature

Anne David

(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)

Anne David

(Typed or printed name of person signing)

President

(Title of person signing)