

NO50000007340

(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



500137989595

11/21/08--01010--016 **35.00

FILED
2009 JAN -5 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

1-13-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SOCIETY OF THE NORTH PORT PERFORMING ARTS CENTER, INC.

DOCUMENT NUMBER: NO 500000 7340

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

Please return all correspondence concerning this matter to the following:

RICHARD GROSS

(Name of Contact Person)

(Firm/ Company)

6468 SAFFORD TERRACE

(Address)

NORTH PORT FL 34287

(City/ State and Zip Code)

For further information concerning this matter, please call:

RICHARD GROSS

(Name of Contact Person)

at (941) 423-8314

(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)

* PREVIOUSLY
SUBMITTED

Address
Amendment Section
Division of Corporations
3327
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

November 25, 2008

JAMES THIELE
4601 MACCAUGHEY DR
NORTH PORT, FL 34287

SUBJECT: THE SOCIETY OF THE NORTH PORT PERFORMING ARTS
CENTER, INC.
Ref. Number: N05000007340

We have received your document for THE SOCIETY OF THE NORTH PORT PERFORMING ARTS CENTER, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 308A00058474

FILED

2009 JAN -5 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

THE SOCIETY OF THE NORTH PORT PERFORMING ARTS CENTER, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N05000007340

(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:

N/A

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)

90 NORTH PORT HIGH SCHOOL
6400 W. PRICE BLVD
NORTH PORT, FL 34291

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

(SAME AS ABOVE)

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:

NO CHANGE OF PERSON

New Registered Office Address:

4601 MACCAUGHEY DR
(Florida street address)

NORTH PORT

(City)

Florida

(Zip Code)

(STREET NAME
CORRECTED)
MISSPELLED

34287

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.

N/A

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>VD</u>	<u>SUNDEEN, MINA</u>	<u>4089 FAIRWAY DR.</u> <u>NORTH PORT, FL</u> <u>3428</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TD</u>	<u>GROSS, RICHARD</u>	<u>6468 SAFFORD TER</u> <u>NORTH PORT, FL</u> <u>34287</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TD</u>	<u>MANGOLD, JOAN</u>	<u>1024 PAN AMERICAN</u> <u>NORTH PORT, FL</u> <u>3428</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

STREET ADDRESS CHANGE

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

★ PLEASE NOTE: OFFICERS LISTED

<u>NAME</u>	<u>STREET ADDRESS</u>	<u>MISSPELLED</u>
THIELE, JAMES		
SHOULD BE: MACCAUGHEY MACCAUGHEY		
SCHIL, JUDY		
SHOULD BE: MACCAUGHEY MACCAUGHEY		

The date of each amendment(s) adoption: MAY 1, 2008

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 12/23/08

Signature Richard Gross
(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)

RICHARD GROSS
(Typed or printed name of person signing)

TREASURER
(Title of person signing)