

N05000011926

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(Address)

(City/State/Zip/Phone #)

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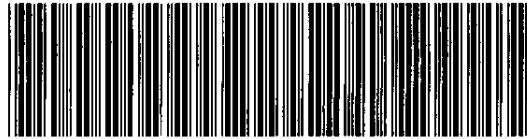
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: North Florida Parkinson Awareness Group, Inc.

DOCUMENT NUMBER: N05000011926

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

Please return all correspondence concerning this matter to the following:

Patricia Hunt

(Name of Contact Person)

North Florida Parkinson Awareness Group, Inc.

(Firm/ Company)

8421 Augustwood Lane

(Address)

Tallahassee, FL 32311

(City/ State and Zip Code)

phunt044@comcast.net

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

For further information concerning this matter, please call:

Janice Pedler

(Name of Contact Person)

at (850) 385-3773

(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

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TALLAHASSEE, FLORIDA
nc.
(of State)

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Page 1 of 3

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>
S	Carol Arroyo	2014 Travis Circle Tallahassee, FL 32303	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

AMENDMENT #1 - ARTICLE VII MEMBERSHIP Dated January 2011

There will be two classes of membership in this organization: 1. dues paying members who are entitled to voting rights and discounted services negotiated by NFPAG. These shall have the right to vote in person or by proxy on all matters for which a vote of the membership is required. 2. non dues paying and not entitled to voting rights nor discounted services.

Membership is open to all persons with Parkinson Disease, their immediate family members, caregivers, or life partners or interested individuals. All members shall receive information and may attend and participate in meetings and functions.

If any member is deemed hostile or disruptive, and if such disruptive behavior cannot be resolved through discussion of any disputed issues, that member may be terminated from the organization by request of the elected officers. An individual whose membership has been terminated may no longer attend membership meetings nor participate in organization voting.

The date of each amendment(s) adoption: January 14, 2011

Effective date if applicable: January 29, 2011
(date of adoption is required)
(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 January 29, 2011

Signature Patricia Hunt
(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)

Patricia Hunt
(Typed or printed name of person signing)

President
(Title of person signing)