

No 70000001813

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TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

MAR 03 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gulf Coast Children Services, Inc

DOCUMENT NUMBER: N07000001813

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

Please return all correspondence concerning this matter to the following:

Terri Kuvach

(Name of Contact Person)

Gulf Coast Children Services, Inc

(Firm/ Company)

3491 Southwind Drive

(Address)

Gulf Breeze, FL 32563

(City/ State and Zip Code)

tkuvach@hotmail.com

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

For further information concerning this matter, please call:

Terri Kuvach

(Name of Contact Person)

at (850) 292-5126

(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

Gulf Coast Children Services, Inc

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

N07000001813

(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:

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)

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

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

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TALLAHASSEE, FLORIDA

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>Dir.</u>	<u>Cynthia McGowin</u>	<u>2013 Grayson Drive</u> <u>Navarre, FL 32566</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Sec.</u>	<u>Anita M Woodall</u>	<u>2117 Ainsdale</u> <u>Navarre, FL 32566</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Trea.</u>	<u>Marisol LaRose</u>	<u>3331 Summit Blvd #74</u> <u>Pensacola, FL 32503</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

A non-profit organization which will provide quality nutritional education and supportive services to children, their families and childcare providers; and aid children spiritually, physically and emotionally both nationally and internationally that are deprived due to poverty, neglect and substance abuse.

Article IX

Upon the dissolution of this organization, assets shall be distributed for one or more charitable, religious, and/or educational organization of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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>Ricky Kuvach</u>	<u>10470 Ivygate Terrace</u> <u>Jonesboro, GA 30238</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Sec</u>	<u>Iona Rawls</u>	<u>1040 Declaration Court</u> <u>McDonough, GA 30253</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VPres</u>	<u>Lachelle Harris</u>	<u>15812 Throckley Ave</u> <u>Cleveland, Ohio 44128</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

The date of each amendment(s) adoption: 02-25-10
(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 February 25, 2010

Signature Terri Kuvach
(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)

Terri Kuvach
(Typed or printed name of person signing)

Incorporator
(Title of person signing)