

N0800000/767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

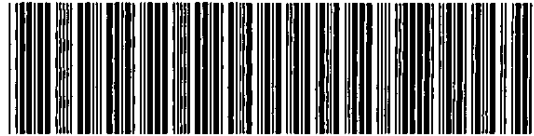
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300130522923

06/02/08--01026--020 ++52.50

FILED

08 JUN 16 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.
06/17/08
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2008

GLADYS D. CALHOUN
THE SIXTH DAY HOMELESS FAMILY CENTER INC
2070 SW SAVAGE BLVD.
PORT ST. LUCIE, FL 34953

SUBJECT: THE SIXTH DAY HOMELESS FAMILY CENTER INC.
Ref. Number: N08000001767

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 908A00035422

2008 JUN 16 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SIXTH DAY HOMELESS FAMILY CENTER, INC.

DOCUMENT NUMBER: W08000007231

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

Please return all correspondence concerning this matter to the following:

GLADYS D. CALHOUN

(Name of Contact Person)

THE SIXTH DAY HOMELESS FAMILY CENTER, INC.

(Firm/ Company)

2070 SW. SAVAGE BLVD

(Address)

PORT SAINT LUCIE, FLORIDA 34953

(City/ State and Zip Code)

For further information concerning this matter, please call:

GLADYS CALHOUN

(Name of Contact Person)

at (772) 873-5559

(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 checked="" 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 32301

Articles of Amendment
to
Articles of Incorporation
of

THE SIXTH DAY HOMELESS FAMILY CENTER INC.

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

(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) PURPOSE - CHARITABLE TO PROVIDE SHELTER FOR HOMELESS FAMILIES.

ARTICLE (IV) MANNER OF ELECTION - THE BOARD OF DIRECTORS WOULD BE APPOINTED BY THE (INCORPORATOR) GLADYS CALHOUN.

ARTICLE(V) THE BOARD OF DIRECTORS WOULD CONSIST OF THE INITIAL

P= GLADYS D. CALHOUN- 2070 SW. SAVAGE BLVD. PORT SAINT LUCIE, FL. 34953

VP = ROBERT CALHOUN- 2070 SW. SAVAGE BLVD. PORT SAINT LUCIE, FL. 34953

Trustee- David Zoerhof -1002 Orange Ave. Fort Pierce, FL. 34945

Trustee - BARBARA MC GLINN - 340 SUNSET DR. apt.#1008 ,FORT LAUDERDALE, FL 33301

NO OTHER APPOINTMENTS AT THIS TIME.

Article (VI) REG. AGENT - ROBERT CALHOUN 2070 SW. SAVAGE BLVD. PORT SAINT LUCIE, FL. 34953

I Robert Calhoun accept this appointment as registered agent

Date

5/27/2008

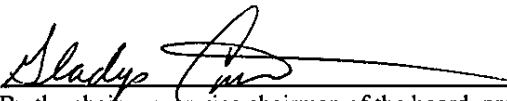
FILED
08 JUN 16 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: 5/20/2008

Effective date if applicable: 5/20/2008
(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 
(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.)

GLADYS CALHOUN

(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35