

ND8000002501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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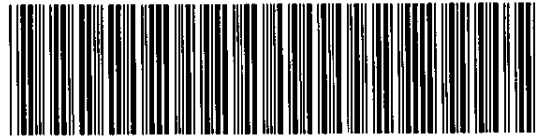
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 PM 3:03

Amend/cus
10 9.10.12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: North Fort Myers Academy for the Arts Band Parent Assoc. Inc.
DOCUMENT NUMBER: N08000002561

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

Please return all correspondence concerning this matter to the following:

Maia Christensen
(Name of Contact Person)

North Fort Myers Academy for the Arts Band Parent Assoc.
(Firm/ Company)

1856 Arts Way,
(Address)

N. Ft. Myers, FL 33917
(City/ State and Zip Code)

maialce@leeschools.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maia Christensen at (239) 997-2131
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2012

MAIYA CHRISTENSEN
NORTH FORT MYERS ACADEMY OF THE ARTS
1856 ARTS WAY
N. FT. MYERS, FL 33917

SUBJECT: NORTH FORT MYERS ACADEMY OF THE ARTS BAND PARENT
ASSOCIATION, INC.
Ref. Number: N08000002561

We have received your document for NORTH FORT MYERS ACADEMY OF
THE ARTS BAND PARENT ASSOCIATION, INC. and your check(s) totaling
\$43.75. However, the enclosed document has not been filed and is being
returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed by a director,
president or other officer - if directors or officers have not been selected, by an
incorporator - if in the hands of a receiver, trustee, or other court appointed
fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6050.

RECEIVED
12 SEP 10 AM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Dorene Albritton
Regulatory Specialist II

Letter Number: 212A00021178

Articles of Amendment
to
Articles of Incorporation
of

North Fort Myers Academy for the Arts Band Parent Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO8000002561

(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)

N/A

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

N/A

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: N/A

(Florida street address)

New Registered Office 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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SEP 10 PM 3:03
DIVISION OF CORPORATIONS
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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-----------------------------|--|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Maiya Christensen</u> | <u>1856 Arts Way</u>
<u>N. Ft. Myers, FL</u>
<u>33917</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Dan Posegay</u> | <u>2835 NW 5th Terrace</u>
<u>Cape Coral, FL</u>
<u>33993</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Elizabeth Ann Murphy</u> | <u>1621 Daniels Drive</u>
<u>N. Ft. Myers, FL</u>
<u>33917</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Krista Rausin</u> | <u>1856 Arts Way</u>
<u>N. Ft. Myers, FL</u>
<u>33917</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>S</u> | <u>Anita Lamoureux</u> | <u>1856 Arts Way</u>
<u>N. Ft. Myers, FL</u>
<u>33917</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>James Rohrbaugh</u> | <u>1856 Arts Way</u>
<u>N. Ft. Myers, FL</u>
<u>33917</u> |

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

N/A

The date of each amendment(s) adoption: 5-25-12

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 9-5-12

Signature Maiya L. Christensen
(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)

Maiya L Christensen
(Typed or printed name of person signing)

Treasurer
(Title of person signing)