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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** DR.JOSEPH A WILTSHIRE SCHOLARSHIP FOUNDATION

**DOCUMENT NUMBER:** N08000003483

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

Please return all correspondence concerning this matter to the following:

RALPH ROBERTS

(Name of Contact Person)

DR.JOSEPH A WILTSHIRE SCHOLARSHIP FOUNDATION INC

(Firm/ Company)

PO BOX 3335

(Address)

LAKE WALES FL 33859-3335

(City/ State and Zip Code)

JWILTS2249@VERIZON.NET

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

For further information concerning this matter, please call:

RALPH ROBERTS

(Name of Contact Person)

at ( 863 ) 676-8703

(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

FILED

09 JUL -6 PM 4: 51

DR. JOSEPH A WILTSHIRE SCHOLARSHIP FOUNDATION, INC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N08000003483

(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:**

NA

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:**

NA

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

NA

(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:

NA

New Registered Office Address:

NA

(Florida street address)

NA

(City)

Florida

(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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 06/30/2009

(date of adoption is required)

Effective date if applicable: 06/30/2009

(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 \_\_\_\_\_

Signature

Ralph Roberts

(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)

Ralph ROBERTS

(Typed or printed name of person signing)

Ralph Roberts, President

(Title of person signing)

*Amended*  
**ARTICLES OF INCORPORATION  
OF  
DR. JOSEPH A. WILTSHIRE SCHOLARSHIP FOUNDATION, INC.**

**We, the undersigned, hereby associate ourselves together for the purpose of becoming incorporated under Chapter 617 of the laws of the State of Florida, applicable to corporations not for profit, under the following proposed charter:**

**ARTICLE I NAME**

**The name of the corporation shall be the Dr. Joseph A. Wiltshire Scholarship Foundation, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

**The principal office of this corporation shall be located at 338 Pearl Street, Lake Wales, Florida, 33853, and its mailing address is Dr. Joseph A. Wiltshire Scholarship Foundation, Inc., P.O. Box 3335, Lake Wales, Florida 33859-3335.**

**ARTICLE III PURPOSE**

**The Dr. Joseph A. Wiltshire Scholarship Foundation was developed from a vision to procure monies to foster scholarships to youth of Polk County, Florida interested in pursuing a career as a medical doctor. Additionally, development and provision for outreach programs to promote community awareness and education of health related issues.**

**The Dr. Joseph A. Wiltshire Scholarship Foundation was organized to transact any and all lawful business for which corporations may be organized under the laws of the state of Florida, and to have all rules that are offered to corporations under the laws of the State of Florida.**

#### **ARTICLE IV MANNER OF ELECTION**

Each officer shall be elected by the active membership of the Dr. Joseph A. Wiltshire Scholarship Foundation for a term of two (2) years. Each officer may or may not succeed him/herself in office. Elections shall occur at the annual meeting of members.

Any officer of the Dr. Joseph A. Wiltshire Scholarship Foundation shall be removed from office if the officer acts in a manner which is determined by the Board of Directors to be detrimental to the organization.

#### **ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

Dr. Rene Navarro, Chairman of the Board of Directors-PO Box 3335; Lake Wales, FL33859-3335

Elder Ralph Roberts, President- PO Box 3335; Lake Wales, FL33859-3335

Ms. Jill Holland, Secretary- PO Box 3335; Lake Wales, FL33859-3335

Ms. Joyce Wiltshire, Financial Secretary- PO Box 3335; Lake Wales, FL33859-3335

Mrs. Jacqueline Hadley, Treasurer- PO Box 3335; Lake Wales, FL33859-3335

#### **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

Ms. Joyce D. Wiltshire  
338 Pearl Street  
Lake Wales, FL33853

#### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ms. Joyce D. Wiltshire  
338 Pearl Street  
Lake Wales, FL33853

**ARTICLE VIII .RULE OF DISSOLUTION**

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 © (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. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

.....

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certification, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Joyce D. Wiltshire  
Signature/Registered Agent

6/30/2009  
Date

Joyce D. Wiltshire  
Signature Incorporator

6/30/2009  
Date