

NO8000004096

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09 MAY 22 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Amen  
5/27/09  
TL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NORTHEAST FLORIDA DISASTER RESPONSE TEAM

**DOCUMENT NUMBER:** N08000004096

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

Please return all correspondence concerning this matter to the following:

DANA L. SHROPSHIRE

(Name of Contact Person)

NORTHEAST FLORIDA DISASTER RESPONSE TEAM, INC

(Firm/ Company)

11336 BUSINESS PARK BLVD

(Address)

JACKSONVILLE, FL 32258

(City/ State and Zip Code)

For further information concerning this matter, please call:

DANA L. SHROPSHIRE, CFO

(Name of Contact Person)

at ( 904 ) 514-5680

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2009

DANA L SHROPSHIRE  
11336 BUSINESS PARK BLVD  
JACKSONVILLE, FL 32258

SUBJECT: NORTHEAST FLORIDA DISASTER REPONSE TEAM, INC.  
Ref. Number: N08000004096

We have received your document for NORTHEAST FLORIDA DISASTER REPONSE TEAM, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in to amend your corporation are not correct. This is a non-profit corporation you sent in profit articles of amendment.

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) 245-6927.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 209A00012022

RECEIVED  
2009 MAY 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Northeast Florida Disaster Response Team, Inc

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

N08000004096

(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

New Registered Office Address:

(Florida street address)

(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

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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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	LINDA S. PARKER	110-2 SOUTHERN BRIDGE BLVD JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	DANA L. SHROPSHIRE	765 ESTATES COVE ROAD JACKSONVILLE, FL	<input checked="" 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)

[illegible]

The date of each amendment(s) adoption: 9 MAR 2009

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 MARCH 9, 2009

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)

David Shippokue

(Typed or printed name of person signing)

CHIEF FINANCIAL OFFICER FOR NEFDRT

(Title of person signing)