# N0800004096

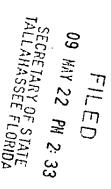
(Requestor's Name)
(Address)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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May

## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	NORTHEAS	ST FLORIDA DISASTE	R RESPONSE T
DOCUMENT NUMBER: N	080000040	096	<del></del>
The enclosed Articles of Amend	ment and fee are	e submitted for filing.	
Please return all correspondence	concerning this	matter to the following:	
		L. SHROPSHIRE	<del></del>
	(Name of	Contact Person)	
NOR		A DISASTER RESPONSE TEAM	1, INC
	(Firm	n/ Company)	
<u></u>		SINESS PARK BLVD	
	(4	Address)	
	JACKSO	NVILLE, FL 32258	
	(City/ Stat	te and Zip Code)	
For further information concerning	ng this matter, p	lease call:	
DANA L. SHROPSHIRE, CFO (Name of Contact Pers	on)	at ( 904 ) 514-5680 (Area Code & Daytime	Telephone Number)
Enclosed is a check for the follow	ving amount ma	de payable to the Florida Dep	artment of State:
	ling Fee & e 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 Cir Tallahassee, FL 32301	cle



#### 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 HAY 22 AH 8: 00
SECRETARY OF STATE
TALLAHASSEE.FLORIDA

# **Articles of Amendment 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

	N/A		
he new name must be distinguishable and co bbreviation "Corp." or " Inc." <u><b>"Company" o</b></u>			ncorporated" or the
s. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A	
			nter the name of th
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:			nter the name of th
-	stered office add	dress:	nter the name of th

Signature of New Registered Agent, if changing

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>	Type of Action
<u>coo</u>	LINDA S. PARKER	110-2 SOUTHERN BRIDGE BL	☑ Add □ Remove
CFO	DANA L. SHROPSHIRE	765 ESTATES COVE ROAD JACKSONVILLE, FL	☑ Add □ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
	,		
		•	

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/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated MAF	RCH 9, 2009			
Signature				
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	Shigobue			
	(Typed or printed name of person signing)			
	CHIEF FINANCIAL OFFICER FOR NEFDRT			
	(Title of person signing)			