

NO8000005816

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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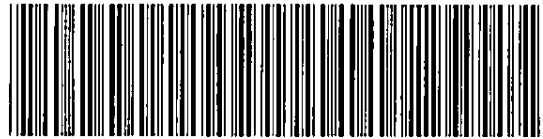
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TALLAHASSEE, FLORIDA

JUL 15

8:44:44



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2025

VINCENTIAN LEGAL SERVICES  
TOMAS YI  
5109 N NEBRASKA AVE  
TAMPA, FL 33603

SUBJECT: CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION,  
INC.  
Ref. Number: N08000005816

We have received your document for CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION, 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):

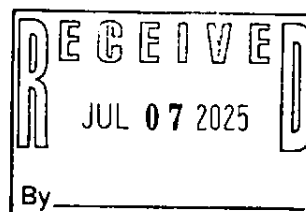
The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 625A00013200



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION, INC.

DOCUMENT NUMBER: N08000005816

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

Please return all correspondence concerning this matter to the following:

Tomas Yi

\_\_\_\_\_  
(Name of Contact Person)

Vincentian Legal Services

\_\_\_\_\_  
(Firm/ Company)

5109 N. Nebraska Ave.

\_\_\_\_\_  
(Address)

Tampa, FL. 33603

\_\_\_\_\_  
(City/ State and Zip Code)

tomas@svdp.care

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

For further information concerning this matter, please call:

Tomas Yi

727

270-7555

at

\_\_\_\_\_  
(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 type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

CHARLOTTE COUNTY HOMELESS COALITION FOUNDATION, INC.

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

N08000005816

(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:**

SVDP CARES Foundation Inc.

*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)

384 15th Street N

St. Petersburg, FL. 33705

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

(Mailing address MAY BE A POST OFFICE BOX)

384 15th Street N

St. Petersburg, FL. 33705

**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:

Tomas Yi

5109 N Nebraska Ave.

(Florida street address)

New Registered Office Address:

Tampa

(City)

Florida 33603

(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.*

*Tomas Yi Esq.*

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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	C	Brett Hawker	P.O. Box 380157 Murdock, FL 33938-0157
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	T	Berlon, Cheryl	P.O. Box 380157 Murdock, FL 33938-0157
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	T	Maymon, Cheryl	P.O. Box 380157 Murdock, FL 33938-0157
<input checked="" type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	C	Chris Youman	384 15th St. N St. Petersburg, FL. 33705
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	CEO	Michael J. Raposa	384 15th St. N St. Petersburg, FL. 33705
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	CFO	Colleen O'Brien	384 15th St. N St. Petersburg, FL. 33705
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

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

1. Article Three Purpose: Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

The mission of the Foundation is to provide financial support to ensure the future growth, financial stability, and to empower the Society of St. Vincent de Paul South Pinellas Inc., Vincentian Properties Inc., Vincentian Housing Corporation Housing Corporation Inc. and Vincentian Legal Services Inc. with the financial resilience necessary to create lasting solutions to poverty and homelessness in our communities.

2. This amendment is to be effective immediately.

3. This amendment was adopted by the Board of Directors. There are no members and therefore no members who are entitled to vote.

The date of each amendment(s) adoption: 4/17/2025, if other than the date this document was signed.

Effective date if applicable: 6/1/2025  
(no more than 90 days after amendment file date)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4/17/2025

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)

Chris Youman  
(Typed or printed name of person signing)

President  
(Title of person signing)

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