

NO8000006052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

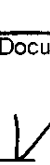
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MAIL

(Business Entity Name)

(Document Number)

Certified Copies

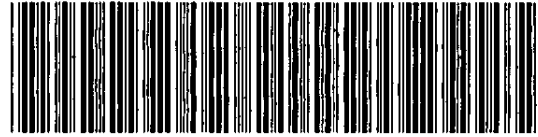


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts III 10 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JRGAP-JUNIOR GOLF AMATEUR PROGRAM OF SAINT LUCIE COUNTY CORP
(Name of Corporation)

DOCUMENT NUMBER: N08000006052

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS A CRESPO

(Name of Contact Person)

JRGAP-JUNIOR GOLF AMATEUR PROGRAM OF SAINT LUCIE COUNTY CORP

(Firm/Company)

1912 SW JAMESPORT DR

(Address)

PORT SAINT LUCIE FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS A CRESPO

(Name of Contact Person)

at (772) 501-0607

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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 CORRECTION

for

JRGAP-JUNIOR GOLF AMATEUR PROGRAM OF SAINT LUCIE COUNTY CORP.

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

N08000006052

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Florida Non Profit Corporation

(Document Type Being Corrected)

filed with the Department of State on 6-24-2008

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

On the section for Officer/Director Detail, the title for the Vice President was
left out and his name, also is missing the first number of the address.

I will send a new sheet with the revised name and address so it can be certified
if possible, If you have any question please give me a call.

Correct the inaccuracy, incorrect statement, or defect:

It should read as follows:

Title: VP

Isaac Del Rosario

2133 SW Newport Isles Blvd

Port Saint Lucie, Florida 34953



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LUIS A CRESPO

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA