

NO9000002155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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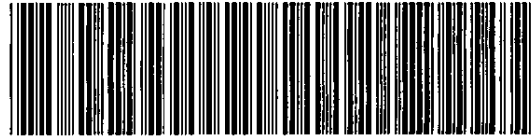
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUN 28 PM 12:53

Amend/CC  
@ 6/28/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Foundation for the Civilly Disadvantaged

**DOCUMENT NUMBER:** N09000002155

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

Please return all correspondence concerning this matter to the following:

Dr. Lee Bollin

(Name of Contact Person)

Foundation for the Civilly Disadvantaged

(Firm/ Company)

678 Aldermen RD. #102

(Address)

Palm Harbor, FL. 34683

(City/ State and Zip Code)

bollinphd@tfcd.org

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

For further information concerning this matter, please call:

Dr. Lee Bollin

(Name of Contact Person)

at ( 727 ) 437 7383

(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

June 18, 2010

DR. LEE BOLLIN  
FOUNDATION FOR THE CIVILLY DISADVANTAGED  
678 ALDERMAN RD. #102  
PALM HARBOR, FL 34683

SUBJECT: FOUNDATION FOR THE CIVILLY DISADVANTAGED, INC.  
Ref. Number: N09000002155

We have received your document for FOUNDATION FOR THE CIVILLY DISADVANTAGED, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 510A00015107

RECEIVED  
2010 JUN 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Foundation for the Civilly Disadvantaged, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000002155

(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:**

*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**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

2710 Alt 19 N. Suite 102

Palm Harbor

Florida 34683

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (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*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JUN 28 PM 12:53

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Dan Bunten</u>	<u>9572 Diamond Pt.</u>	<input checked="" type="checkbox"/> Add
		<u>Elk Grove</u>	<input type="checkbox"/> Remove
		<u>CA. 95758</u>	
<u>D</u>	<u>Clyde Murchison</u>	<u>P.O. Box 2943</u>	<input checked="" type="checkbox"/> Add
		<u>Greenville</u>	<input type="checkbox"/> Remove
		<u>S.C. 29612</u>	
<u>D</u>	<u>Ray Swift</u>	<u>P.O. Box 1910</u>	<input checked="" type="checkbox"/> Add
		<u>The Dalles</u>	<input type="checkbox"/> Remove
		<u>OR. 97031</u>	

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

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_

6/15/2010

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

6/15/2010

(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.

Date: 6/15/2010

Signature

Dr. Lee Bollin

(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)

Dr. Lee Bollin

(Typed or printed name of person signing)

C.E.O.

(Title of person signing)