

**N09000003504**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

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**JOINING HANDS COMMUNITY MISSION, INC.**

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*Amund*  
8/20/09

Articles of Amendment  
to  
Articles of Incorporation  
of

**JOINING HANDS COMMUNITY MISSION, INC**

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

**N09000003504**

(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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

\_\_\_\_\_ (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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**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>	<u>Type of Action</u>
p	CAMPBELL, DANIEL A	2657 ST. JOSEPH DR. E. DUNEDIN FL 34698	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
vp	ANDERSON, KENNETH	4939 FLORAMAR TERR #906 NEW PORT RICHEY FL 34652	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
t	HANSON, BARBARA	5834 EMBAY AVE. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

ARTICLE VII REMOVE DOUGHERTY, NANCY AS SEC. 2143 OVERVIEW DRIVE ,  
 NEW PORT RICHEY FL 34655  
 ADD: MAYOR RICHARD ROBER AS CHAIRMAN  
 ADD: KEN ANDERSON AS OPERATIONS AND FACILITIES OFFICER  
 ADD: LARRY DISPARTI AS DEVELOPMENT OFFICER  
 ADD: LOIS BROWN AS PROGRAMS OFFICER  
 ADD: OTTO BERLIN AS TREASURER  
 ADD: MARIA BRANDES AS SECRETARY  
 ADD: PAM QUALLS AS GULF CENTRAL REPRESENTATIVE  
 ADD: TIM MARKS AS VICE CHAIR AND MM REPRESENTATIVE  
 ADD CORRINNE FOLLETT RN AS HUMAN RESOURCES

The date of each amendment(s) adoption: 7/30/09  
(date of adoption is required)  
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 8/17/09

Signature Maria Brandes  
(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)

MARIA BRANDES

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)