

NO9000004/99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 OCT 12 PM 4:05

OCT 12 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2012

STACIE GALBREATH
DEANE BOZEMAN SCHOOL PARENT TEACHER ORGA
P O BOX 8494
SOUTH PORT, FL 32409

SUBJECT: DEANE BOZEMAN SCHOOL PARENT TEACHER ORGANIZATION,
INC.
Ref. Number: N09000004199

We have received your document for DEANE BOZEMAN SCHOOL PARENT
TEACHER ORGANIZATION, INC. and your check(s) totaling \$35.00. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

The document you submitted has been prepared pursuant to profit statutes
(chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit
corporation, this document should be filed pursuant to chapter 617, Florida
Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 412A00021683

RECEIVED

12 OCT 12 AM 8:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Deane Bozeman School Parent Teacher Organization, Inc.

DOCUMENT NUMBER: N09000004199

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

Please return all correspondence concerning this matter to the following:

Stacie Galbreath

(Name of Contact Person)

Deane Bozeman PTO

(Firm/ Company)

P.O. Box 8494

(Address)

Southport, FL 32409

(City/ State and Zip Code)

stacie.galbreath@comcast.net

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

For further information concerning this matter, please call:

Stacie Galbreath

(Name of Contact Person)

at (850) 527-8022

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 12 PM 4:05

Deane Bozeman School Parent Teacher Organization, Inc.

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

N09000004199

(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:

Stacie Galbreath

13920 Ashton Way

(Florida street address)

New Registered Office Address:

Panama City

(City)

Florida 32409

(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

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>VP</u>	<u>Amy Smith</u>	<u>13618 Woodcrest Blvd</u>
<u> </u> Add			<u>Panama City, FL 32409</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>T</u>	<u>Tambra Cabrera</u>	<u>13410 Hwy 77</u>
<u> </u> Add			<u>Panama City, FL32409</u>
<u>X</u> Remove			
3) <u> </u> Change	<u>P</u>	<u>Henry B. Poe, Jr.</u>	<u>311 Mill Creek Dr</u>
<u> </u> Add			<u>Southport, FL 32409</u>
<u>X</u> Remove			
4) <u> </u> Change	<u>FD</u>	<u>Charla Thomas</u>	<u>754 Hwy 20</u>
<u> </u> Add			<u>Youngstown, FL32466</u>
<u>X</u> Remove			
5) <u> </u> Change	<u>P</u>	<u>Stacie Galbreath</u>	<u>13920 Ashton Way</u>
<u>X</u> Add			<u>Panama City, FL 32409</u>
<u> </u> Remove			
6) <u> </u> Change	<u>T</u>	<u>Tammi Swearington</u>	<u>2601 E. Hwy 20</u>
<u>X</u> Add			<u>Panama City, FL 32409</u>
<u> </u> Remove			

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Michelle Broadway</u>	<u>318 Tates Lane</u> <u>Southport, FL 32409</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tracy Anglin</u>	<u>105 W. 11th Street</u> <u>Lynn Haven, FL 32444</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Wanda Zediker</u>	<u>1127 Court Martial Ranch Road</u> <u>Southport, FL 32409</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Joshua Balkom</u>	<u>13410 Hwy 77</u> <u>Southport, FL 32409</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

The date of each amendment(s) adoption: 09/22/2012

Effective date if applicable: 09/22/2012

(no more than 90 days after amendment file date)

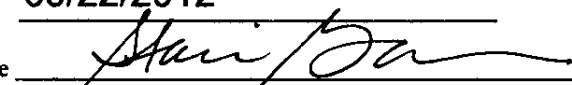
Adoption of Amendment(s)

(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 09/22/2012

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)

Stacie Galbreath

(Typed or printed name of person signing)

President

(Title of person signing)