

N090000008467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

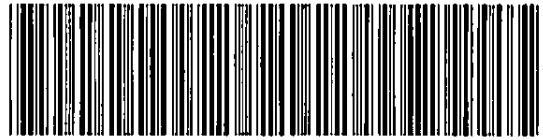
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Wrong form*

Office Use Only



800427376038

04/15/24--01001--011 \*\*35.00

FILED

2024 JUL 16 AM 8:57

CLERK OF SUPERIOR COURT

*Amend*

JUL 24 2024

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Flagler County Family Assistance Center, Inc.

DOCUMENT NUMBER: N09000008467

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

Please return all correspondence concerning this matter to the following:

Stephanic E. Matthews

Name of Contact Person

Flagler County Family Assistance Center, Inc.

Firm/ Company

P O Box 1219

Address

Bunnell, FL 32110

City/ State and Zip Code

flaglershelteringtree@yahoo.com

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

For further information concerning this matter, please call:

Stephanic Matthews at ( 386 ) 439-7174  
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 checked="" 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 type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is 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

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2024 JUL 16 AM 8:57



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2024

STEPHANIE E MATTHEWS  
FLAGLER COUNTY FAMILY ASSISTANCE CENTER  
P O BOX 1219  
BUNNELL, FL 32110

SUBJECT: FLAGLER COUNTY FAMILY ASSISTANCE CENTER, INC.  
Ref. Number: N09000008467

We have received your document for FLAGLER COUNTY FAMILY ASSISTANCE CENTER, 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 form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit 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) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 524A00010222

From: Cline, Tammi Tammi.Cline@dos.fl.gov  
Subject: RE: Amendments Form  
Date: Jul 2, 2024 at 2:36:04 PM  
To: mrsrinc@aol.com

Good afternoon,

Your filing was rejected. See reject letter copied below.

May 9, 2024

STEPHANIE E MATTHEWS  
FLAGLER COUNTY FAMILY ASSISTANCE CENTER  
P O BOX 1219  
BUNNELL, FL 32110

SUBJECT: FLAGLER COUNTY FAMILY ASSISTANCE CENTER, INC.  
Ref. Number: N09000008467

We have received your document for FLAGLER COUNTY FAMILY ASSISTANCE CENTER, 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):

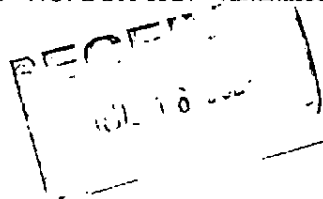
The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing  
Operations Manager A                      Letter Number: 524A00010222

[www.sunbiz.org](http://www.sunbiz.org)  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314



Tammi Cline  
LICENSE ISSU/ELE & CORP RECD SPV II- SES  
Bureau of Commercial Recording  
Division of Corporations  
Florida Department of State

Articles of Amendment  
to  
Articles of Incorporation  
of

Flagler County Family Assistance Center, Inc

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

N09000008467

(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:**

N/A

*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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

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

N/A

**(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: N/A

New Registered Office Address:

N/A

(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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CLERK OF CIRCUIT COURT  
JACKSONVILLE, 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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 type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	<u>N/A</u>	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

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

We are amending Article II - Orgsnization of Nonprofit to read - FCFAC Inc. is a nonprofit, public benefit corporation,

orgnized under the Florida Not For Profit Corporatio Act and in compliance with Chapter 617, F.S. (Not For Profit)

We had originally filed as a mutual benefit corportion in error.

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



- ☐ 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 July 2, 2024

Signature *Stephanie E. Matthews*  
(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)

Stephanie E. Matthews  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)