

N090000/0085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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2011 JUN 21 A 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Hewes
1-24-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FAIRWAY PARK GOOD SAMARITAN COMMUNITY

DOCUMENT NUMBER: N09000010085

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

Please return all correspondence concerning this matter to the following:

MARIE C. REGNIER

Name of Contact Person

FAIRWAY PARK GOOD SAMARITAN COMMUNITY HOME CARE

Firm/ Company

16360 SW 92ND COURT

Address

PALMETTO BAY, FL 33157

City/ State and Zip Code

CARTIA05@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MARIE C. REGNIER

Name of Contact Person

at (786)

286-4484

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

January 3, 2011

MARIE C. REGNIER
FAIRWAY PARK GOOD SAMARITAN COMMUNITY
16360 SW 92ND COURT
PALMETTO BAY, FL 33157

SUBJECT: FAIRWAY PARK GOOD SAMARITAN COMMUNITY HOME CARE,
INC.

Ref. Number: N09000010085

We have received your document for FAIRWAY PARK GOOD SAMARITAN COMMUNITY HOME CARE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

The date of adoption of each amendment must be included in the document.

Please include the additional sheet mentioned in E. Also the document must be signed by an officer.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A00000052

RECEIVED
11 JAN 21 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2011

MARIE C. REGNIER
FAIRWAY PARK GOOD SAMARITAN COMMUNITY
16360 SW 92ND COURT
PALMETTO BAY, FL 33157

SUBJECT: FAIRWAY PARK GOOD SAMARITAN COMMUNITY HOME CARE,
INC.
Ref. Number: N09000010085

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If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A00000652

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 JAN 10 AM 8:20

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

Fairway Park Good Samaritan Community Home Care Inc.

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

N09000010085

(Document Number of Corporation (if known))

FILED

2011 JAN 21 A 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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)

Part A) Said organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c) (3) of the internal Revenue Code, corresponding section of any future federal tax code.

(see additional Sheet attached)

The date of each amendment(s) adoption: 01/19/2011

(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 01/19/2011

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)

MARIE C. REGNIER

(Typed or printed name of person signing)

President

(Title of person signing)