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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

APR 30 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOPE ACADEMY FOR AUTISM ON THE EMERALD COAST, INC.

DOCUMENT NUMBER: N09000011072

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

Please return all correspondence concerning this matter to the following:

Sandra Hastings

(Name of Contact Person)

Hope Academy for Autism on the Emerald Coast, Inc.

(Firm/ Company)

8555 Corbin Court

(Address)

Navarre, FL 32566

(City/ State and Zip Code)

sandyhastings@earthlink.net

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

For further information concerning this matter, please call:

Sandra Hastings

(Name of Contact Person)

at (

850)

723-3186

(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

(Attach additional sheets, if necessary)

See attached

[illegible]

The date of each amendment(s) adoption: February 17, 2010

(date of adoption is required)

Effective date if applicable: February 17, 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.

Dated 4/19/2010

Signature Sandra D Hastings

(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)

Sandra D. Hastings

(Typed or printed name of person signing)

President

(Title of person signing)

ARTICLE I NAME

The name of the corporation shall be:

HOPE Academy for Autism on the Emerald Coast, *Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5613 Gulf Breeze Parkway

Gulf Breeze, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish and provide educational and ancillary services to children with autism

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As provided for in the By-Laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Sandra D. Hastings - President

8555 Corbin Court

Navarre, FL 32566

David Triana - Vice-President

2210 Gozo Court

Navarre, FL 32566

Jacqueline Hislop - Treasurer

P.O. Box 5878

Navarre, FL 32566

Cynthia Pound - Secretary

208 Navarre Street

Gulf Breeze, FL 32561

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Sandra D. Hastings - President

8555 Corbin Court

Navarre, FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Sandra D. Hastings - President

8555 Corbin Court

Navarre, FL 32566

ARTICLE VIII DISSOLUTION - amended February 17, 2010

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Sandra D Hastings
Signature/Registered Agent

4/19/10
Date

Sandra D Hastings
Signature/Incorporator

4/19/10
Date