

N10000005983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

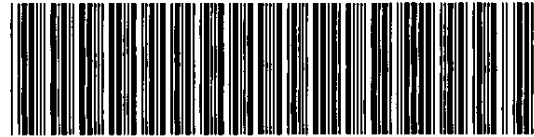
(Business Entity Name)

(Document Number)

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And

JUN 12 2017

R. WHITE

17 JUN -8 PM 1:30

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Pound 79 Military Order of Devil Dogs

**DOCUMENT NUMBER:** N10000005983

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

Please return all correspondence concerning this matter to the following:

William G. Cona

(Name of Contact Person)

(Firm/ Company)

4552 A 107 Circle N

(Address)

Clearwater, Florida 33762

(City/ State and Zip Code)

wcona@tampabay.rr.com

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

For further information concerning this matter, please call:

William G. Cona

727 785 6878

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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 is<br>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

May 24, 2017

WILLIAM G. CONA  
4552 A 107 CIRCLE N  
CLEARWATER, FL 33762

SUBJECT: POUND # 79 MILITARY ORDER OF DEVIL DOGS, INC.  
Ref. Number: N10000005983

We have received your document for POUND # 79 MILITARY ORDER OF DEVIL DOGS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- ✓ Please print the name of the corporation on the top of page 1 of 4.
- ✓ 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.

Rebekah White  
Regulatory Specialist II

Letter Number: 617A00010529

RECEIVED  
17 JUN -8 PM 2:05  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

17 JUL -8 PM 1:30

POUND 79 - MILITARY ORDER OF DEVIL DOGS  
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

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

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

William G. Cona

4552A Circle N

(Florida street address)

New Registered Office Address:

Clearwater

(City)

Florida 33762

(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.

William G. Cona  
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:

<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	<u>Pound K</u>	<u>William G. Cona</u>	<u>878 Woodland Drive</u>
<input checked="" type="checkbox"/> Add			<u>Palm Harbor FL 34683</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>Dog Rot</u>	<u>Robert Koch</u>	<u>16110 2nd Street East</u>
<input checked="" type="checkbox"/> Add			<u>Redington Beach FL 33708</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change		<u>Steve Lippman</u>	<u>4552 A Circle N</u>
<input type="checkbox"/> Add			<u>Clearwater FL 33762</u>
<input checked="" 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			

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Oct. 24, 2016

Signature William G. Cona  
(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)

William G. Cona

\_\_\_\_\_  
(Typed or printed name of person signing)

Pound Keeper

\_\_\_\_\_  
(Title of person signing)

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N10000005983

**Entity Name:** POUND # 79 MILITARY ORDER OF DEVIL DOGS, INC.

**Current Principal Place of Business:**

4552A 107 CIRCLE N  
CLEARWATER, FL 33762

**Current Mailing Address:**

4552 A107 CIRCLE N  
CLEARWATER, FL 33762 US

**FEI Number:** 32-0331675

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIPPMAN, STEPHEN POUND KEEPER  
4552A 107 CIRCLE N  
CLEARWATER, FL 33762 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** STEPHEN LIPPMAN

01/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title POUND KEEPER  
Name LIPPMAN, STEPHEN POUND KEEPER  
Address 4552A 107 CIRCLE N  
City-State-Zip: CLEARWATER FL 33762

Title POUND KEEPER  
Name LIPPMAN, STEPHEN POUN KEEPER  
Address 4552 A107 CIRCLE N  
City-State-Zip: CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN LIPPMAN

POUND KEEPER

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date



**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005983

**Entity Name:** POUND # 79 MILITARY ORDER OF DEVIL DOGS, INC.

**Current Principal Place of Business:**

4552A 107 CIRCLE N  
CLEARWATER, FL 33762

**Current Mailing Address:**

4552 A107 CIRCLE N  
CLEARWATER, FL 33762 US

**FEI Number:** 32-0331675

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FONTANE, RUDOLPH  
4552A 107 CIRCLE N  
CLEARWATER, FL 33762 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RUDOLPH FONTANE

01/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title POUND KEEPER  
Name FONTANE, RUDOLPH POUND  
KEEPER  
Address 4552A 107 CIRCLE N  
City-State-Zip: CLEARWATER FL 33762

Title POUND KEEPER  
Name RUDOLPH FONTANE  
Address 4552 A107 CIRCLE N  
City-State-Zip: CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUDOLPH FONTANE

POUND KEEPER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005983

**Entity Name:** POUND # 79 MILITARY ORDER OF DEVIL DOGS, INC.

**Current Principal Place of Business:**

1156 JASPER STREET  
LARGO, FL 33770

**Current Mailing Address:**

1156 JASPER STREET  
LARGO, FL 33770

**FEI Number:** 32-0331675

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FONTANE, RUDOLPH  
1156 JASPER STREET  
LARGO, FL 33770 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RUDOLPH FONTANE

01/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title      POUND KEEPER  
Name      FONTANE, RUDOLPH  
Address    1156 JASPER STREET  
City-State-Zip: LARGO FL 33770

Title      SENIOR VICE COMMANDANT  
Name      ALLARD, WILLIAM K  
Address    1156 JASPER STREET  
City-State-Zip: LARGO FL 33770

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RUDOLPH FONTANE

**POUND KEEPER**

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date