

N100000010341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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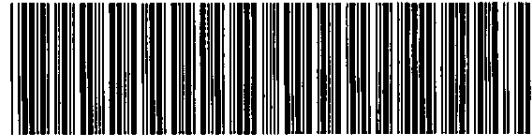
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FIDELITY & ETHICS

14 JAN 17 PM 3:23

APPROVED
AND
FILED

C. Lewis
1-27-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2014

SUSAN MCGEE / BTHS THEATRE BOOSTERS ASSOC INC
419 SOUTH HAMPTON CLUB WAY
ST. AUGUSTINE, FL 32092

SUBJECT: BARTRAM TRAIL HIGH SCHOOL THEATRE BOOSTERS
ASSOCIATION, INC.
Ref. Number: N10000010341

We have received your document for BARTRAM TRAIL HIGH SCHOOL THEATRE BOOSTERS ASSOCIATION, 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.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 114A00000828

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bartram Trail High School Theatre Boosters Association, Inc.

DOCUMENT NUMBER: N1 00000 10341

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

Please return all correspondence concerning this matter to the following:

Susan S. McGee

(Name of Contact Person)

BTHS Theatre Boosters Association, Inc.

(Firm/ Company)

419 S. Hampton Club Way

(Address)

St. Augustine, FL 32092

(City/ State and Zip Code)

mcgeesusan71a@gmail.com

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

For further information concerning this matter, please call:

Denise Lewis

(Name of Contact Person)

at (904) 616-2768

(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 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

Bartram Trail High School Theatre Boosters Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 1 00000 10341

(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)

Susan McGee
419 S. Hampton Club Way
St. Augustine, FL 32092

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

419 S. Hampton Club Way
St. Augustine, FL 32092

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: Denise Lewis

1201 Creek Bend Rd.
(Florida street address)

New Registered Office Address:

St. Johns, Florida 32259
(City) (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.

Denise Lewis
Signature of New Registered Agent, if changing

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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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PT</u>	<u>Kathie May</u> (Katherine)	<u>1268 Stonehedge Trail LN</u> <u>St. Augustine, FL</u> <u>32092</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Ginny Nehring</u> (Virginia)	<u>741 Dewberry Dr.</u> <u>St. Johns, FL 32259</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Co-P</u>	<u>Susan McGee</u>	<u>419 S. Hampton Club Way</u> <u>St. Augustine, FL</u> <u>32092</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Co-P</u>	<u>Anne Marie Toole</u>	<u>1200 Pembroke Rd</u> <u>St. Johns, FL 32259</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Denise Lewis</u>	<u>1201 Creek Bend Rd.</u> <u>St. Johns, FL 32259</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Lara Di Martino</u>	<u>824 Marjories Way</u> <u>St. Augustine, FL</u> <u>32092</u>

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

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AND
FILED

The date of each amendment(s) adoption: _____, if other than the
date this document was signed. **14 JAN 17 PM 3:23**

Effective date if applicable: immediately
(no more than 90 days after amendment file date) **SEC. 1701, F.S. 1701**

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 Jan. 21, 2013

Signature Susan S. McGee
(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)

Susan S. McGee
(Typed or printed name of person signing)

Co-President
(Title of person signing)