

N 10161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

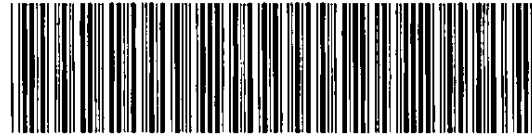
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/13/17--01022--016 **\$2.50

And
JUL 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2017

E.M. (MIKE) CUNNINGHAM
P.O. BOX 111
GRANT, FL 32949

SUBJECT: FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.
Ref. Number: N10161

We have received your document for FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The Reinstatement fee is \$297.50

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.

Valerie Herring
Regulatory Specialist II

Letter Number: 617A00007291

17 JUN -5 PM 12:19
JUN 14 2017
JUN 14 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

F.M. (MIKE) CUNNINGHAM

(Name of Contact Person)

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

(Firm/ Company)

P.O. Box 111

(Address)

GRANT, FL 32949

(City/ State and Zip Code)

MICCO575E @ BELL SOUTH . NET

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

For further information concerning this matter, please call:

F.M. (MIKE) CUNNINGHAM

(Name of Contact Person)

(321) 508-1444
(321) 664-0580
(321) 664-5364

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 type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" 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

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

(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:

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)

7921 RON BEATT BLVD.

MICCO, FL

32976

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 111

GRADY, FL

32949

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: E.M. (MIKE) LUDWIGSON

7921 RON BEATT BLVD., MICCO, FL 32976
(Florida street address)

New Registered Office Address:

SEE ABOVE
(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]
Signature of New Registered Agent, if changing

Detail by Document Number

Florida Not For Profit Corporation

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

Filing Information

Document Number	N10161
FEI/EIN Number	59-2470978
Date Filed	07/11/1985
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/23/2016
Event Effective Date	NONE

Principal Address7921 RON BEATTY BLVD
MICCO, FL 32976

Changed: 02/05/2000

Mailing AddressPO BOX 111
GRANT, FL 32949-0111

Changed: 01/14/2014

Registered Agent Name & Addresshersey, arolyn f
1068 barefoot circle
BAREFOOT BAY, FL 32976

Name Changed: 04/30/2015

Address Changed: 04/30/2015

Officer/Director Detail**Name & Address**

Title P

hersey, arolyn f
1068 barefoot circle
sebastian, FL 32976

Title VP

HERSEY, AROLYN
1068 BAREFOOT CIR.
BAREFOOT BAY, FL 32976Annual Reports

Report Year	Filed Date
2013	01/19/2013

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	_____	_____
<input type="checkbox"/> Add		_____	_____
<input checked="" type="checkbox"/> Remove		_____	_____
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>E.M. (MIKE) CONNORHAM</u>	<u>5728 LINDSEY RD</u>
<input type="checkbox"/> Add			<u>MICCO, FL 32976</u>
<input type="checkbox"/> Remove			_____
3) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>FRANCE C. SALERNO</u>	<u>5528 LINDSEY RD.</u>
<input type="checkbox"/> Add			<u>MICCO, FL 32976</u>
<input type="checkbox"/> Remove			_____
4) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>CAROL WESTON</u>	<u>5367 HAMMILLSTONE CT</u>
<input type="checkbox"/> Add			<u>MICCO, FL 32976</u>
<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		_____	_____

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

N/A

The date of each amendment(s) adoption: 3/24/17, if other than the date this document was signed.

Effective date if applicable: 3/24/17
(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)

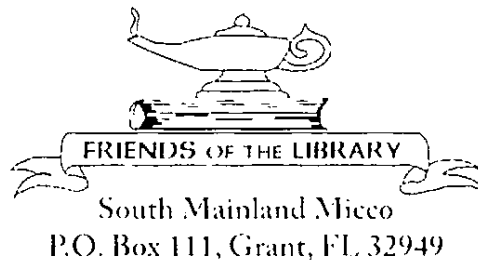
- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Date: 3/24/17

Signature: [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)

E. M. (MICK) CURTIS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)



June 26, 2017

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

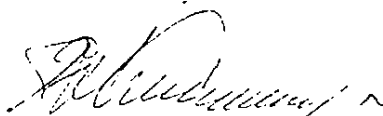
ATTN: Valerie Herring

Dear Ms Herring,

As per instructions, we are returning the documents requested. We trust that we have met all the requirements to date, and thank you for your guidance in this matter. During this process some questions did arise, and your help in clarifying would be appreciated: 1- Once the reinstatement has concluded, will this take care of our active status for the remainder of the year, and 2 – When we originally submitted our documents, we also forwarded a check in the amount of \$52.50 for Certified copies of same. Due to our status at the time, would we have forfeited those funds, and therefore be required to submit said payment again?

Thanking you again for your assistance and guidance in this matter, and trusting in a positive reply, I am,

Yours truly,


E.M. (Mike) Cunningham
President