

N110000002714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

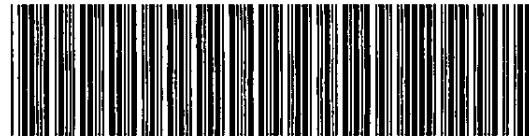
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amend*

02/22/13--01011--001 \*\*35.00

FILED  
2013 MAR 27 PM 1:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DOE*  
*3/29/13*

*400789, 01169, 00707, 00671*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 MAR 27 AM 8:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

February 26, 2013

Phyllis Butlien  
Community Partnership Program, Inc  
133 S. Highway 17/92  
DeBary, FL 32753-0214

SUBJECT: THE COMMUNITY PARTNERSHIP PROGRAM INC.  
Ref. Number: N11000002714

We have received your document for THE COMMUNITY PARTNERSHIP PROGRAM 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.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 613A00004591

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Community PARTNERSHIP PROGRAM, INC

DOCUMENT NUMBER: NI1000002714

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

Please return all correspondence concerning this matter to the following:

Rose Holly  
(Name of Contact Person)

Community PARTNERSHIP PROGRAM, INC  
(Firm/ Company)

133 S. Highway 17/92  
(Address)

DeBary FL 32753-0214  
(City/ State and Zip Code)

Community PARTNERSHIP PROGRAM@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Butlien at (847) 691-0909  
(Name of Contact Person) (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 &<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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

The Community Partnership Program, Inc. 2011 MAR 27 PM 1:06  
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

133 S. Highway 17/92  
DeBary, FL 32753-0214

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:

Rose Holly

133 S. Highway 17/92  
(Florida street address)

New Registered Office Address:

DeBary  
(City)

Florida FL 32753-0214  
(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.

Rose Holly  
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>

Type of Action  
(Check One)

Title

Name

Address

- |  |           |                        |  |
|--|-----------|------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>P</u>  | <u>MARCIA Steele</u>   | <u>315 Glen Club Drive</u><br><u>DeBary Fl 32713</u>           |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>S</u>  | <u>Cheri Magnum</u>    | <u>41 W. HighBANKS Rd</u><br><u>DeBary Fl 32713</u>            |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>S</u>  | <u>TERESA MARCKS</u>   | <u>129 GARDEN ST.</u><br><u>LAKE Helen, Fl</u><br><u>32744</u> |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>  | <u>Phyllis Butlien</u> | <u>144 VERDE WAY</u><br><u>DeBary Fl</u><br><u>32713</u>       |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VP</u> | <u>ROBERT RINALDO</u>  | <u>161 W. HighBANKS</u><br><u>DeBary Fl</u><br><u>32713</u>    |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u> | <u>Michele Hunt</u>    | <u>115 ColomBA ROAD</u><br><u>DeBary Fl</u><br><u>32713</u>    |

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>

Type of Action  
(Check One)

Title

Name

Address

- |  |               |                       |   |
|--|---------------|-----------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>I</u>      | <u>Jennifer Holly</u> | <u>303 Riveria Drive</u><br><u>DeBary Fl</u><br><u>32713</u>        |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>      | <u>Rose Holly</u>     | <u>9 Coloma Road</u><br><u>DeBary Fl</u><br><u>32713</u>            |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>      | <u>David Butlien</u>  | <u>144 Verde Way</u><br><u>DeBary Fl</u><br><u>32713</u>            |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>      | <u>MARCIA CARSON</u>  | <u>416 N. Pine Meadow</u><br><u>Drive</u><br><u>DeBary Fl 32713</u> |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>      | <u>DAWNA GALLAWAY</u> | <u>322 Pine Springs</u><br><u>DR.</u><br><u>DeBary Fl 32713</u>     |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>      </u> | <u>      </u>         | <u>      </u><br><u>      </u><br><u>      </u>                     |

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

The affairs and property of this  
Corporation shall be MANAGED AND  
GOVERNED by A BOARD of Directors/  
Officers, composed of seven (7)  
Members of the Corporation

The date of each amendment(s) adoption: OCTOBER 1, 2012

Effective date if applicable: N/A  
(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 3/22/2013

Signature Rose Holly  
(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)

Rose Holly  
(Typed or printed name of person signing)

SECRETARY for Community Partnership Program, Inc  
(Title of person signing)