

111000004873

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(Address)

(Address)

(City/State/Zip/Phone #)

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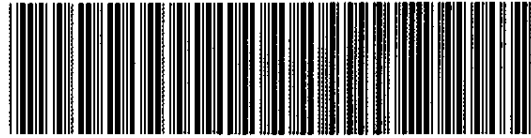
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERFAITH CAREGIVERS OF WEST VOLUSIA, INC.

DOCUMENT NUMBER: N11000004873

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

Please return all correspondence concerning this matter to the following:

JOHN C. EIDT ESQ. (ret)

(Name of Contact Person)

INTERFATH CAREGIVERS OF WEST VOLUSIA, INC.

(Firm/ Company)

3155 PINE RUN TRAIL

(Address)

DELAND, FLORIDA 32724

(City/ State and Zip Code)

JEIDT@cfl.rr.com

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

For further information concerning this matter, please call:

JOHN C. EIDT, ESQ (ret)

(Name of Contact Person)

at (386) 822-9027

(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 & Certificate of Status | <input checked="" 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

INTERFAITH CAREGIVERS OF WEST VOLUSIA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000004873

(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)

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>DP</u>	<u>DAVID EVANS</u>	<u>3155 PINE RUN TRAIL</u> <u>DELAND, FLORIDA 32724</u>
2) <u>DVP</u>	<u>SHELLY MURPHY</u>	<u>710 BREEZY OAK CY.</u> <u>DELAND, FLORIDA 32724</u>
3) <u>DS</u>	<u>TANNA GARTSIDE</u>	<u>141 W. WISCONSIN AVE.</u> <u>DELAND, FLORIDA 32720</u>
4) <u>DT</u>	<u>BARBARA D. PARSLow</u>	<u>4219 MARSH RD/</u> <u>DELAND, FLORIDA 32724</u>
5) <u>D</u>	<u>JAMES BERNARD</u>	<u>2545 HIGHLAND PARK RD.</u> <u>DELAND, FLORIDA 32720</u>
6) <u>D</u>	<u>JOHN C. EIDT</u>	<u>639 E. PENNSYLVANIA AVE.</u> <u>DELAND, FLORIDA 32724</u>

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

INTERFAITH CARGIVERS OF WEST VOLUSIA, INC.

**ADDENDUM TO AMENDMENT OF ARTICLES OF
INCORPORATION (ADDITIONAL DIRECTORS)**

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
JOHNNY LONG	D	725 N. WOODLAND BLVD DELAND, FLORIDA 32724
ROGER PAWLAK	D	209 DUNLAWTON AVE. PORT ORANGE, FLORIDA 32127
PETER T. WOODS	D	869 LIBERTY CT. DELAND, FLORIDA 32724

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE VIII-DISSOLUTION

Upon the dissolution of the 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. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: November 28, 2011

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

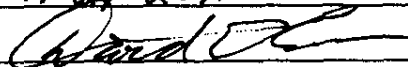
(CHECK ONE)

- ☐ 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

11-29-2011

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)

DAVID EVANS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)