## N11616

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17-7-11

## **COVER LETTER**

NAME OF CORPORATION: Indian River Choral Association Inc.

DOCUMENT NUMBER: N 1166

For further information concerning this matter, please call:

Kathleen Wildfeuer at (772) 461-0435 (Area Code & Daytime Telephone Number)

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

\$35 Filing Fee

TO: Amendment Section

☐ \$43.75 Filing Fee & Certificate of Status

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☐ \$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

(Name of Corporation as a (Document resuant to the provisions of section 617.1 following amendment(s) to its Articles		wn)
(Document suant to the provisions of section 617.1 following amendment(s) to its Articles	Number of Corporation (if known 006, Florida Statutes, this <i>Florida</i>	Dept. of State)  NO.
(Document suant to the provisions of section 617.1 following amendment(s) to its Articles	Number of Corporation (if known 006, Florida Statutes, this <i>Florida</i>	wn)
rsuant to the provisions of section 617.1 following amendment(s) to its Articles	006, Florida Statutes, this <i>Florid</i>	,
suant to the provisions of section 617.1 following amendment(s) to its Articles	006, Florida Statutes, this <i>Florid</i>	,
following amendment(s) to its Articles		<i>da Not For Profit Corporation</i> ado
If amending name, enter the new nar	ne of the corporation:	
Ver 0 Beacles new name must be distinguishable a previation "Corp." or "Inc." <u>"Compar</u>	Choval Society and contain the word "corporate by" or "Co." may not be used in	ion" or "incorporated" or the
Enter new principal office address, if incipal office address MUST BE A ST		
Enter new mailing address, if applic (Mailing address MAY BE A POST O		
	<u></u>	· · · · · · · · · · · · · · · · ·
If amending the registered agent and	or registered office address in	Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ac	ddress)
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if charecolor the appointment as regis ition.		th and accept the obligations of t

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
E. <u>If amer</u> (attach d	nding or adding additional A additional sheets, if necessary)	rticles, enter change(s) here: (Be specific)	

The date of each amendment(s)	
T.00 (* 1 / 10 11 11	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated	6/30/2011
Signature	Kathleen Wildferer
have n	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
-	Trea surer (Title of person signing)
	(The or person signing)