

N1200000 1272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

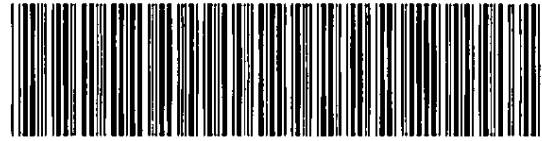
(Business Entity Name)

(Document Number)

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

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2020 MAR 13 PM 1:31

C. GOLDEN

MAR 16 2020

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Island City Stage

DOCUMENT NUMBER: N12000001272

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

Please return all correspondence concerning this matter to the following:

Martin Childers  
(Name of Contact Person)

Island City Stage  
(Firm/ Company)

2304 N Dixie HWY  
(Address)

Wilton Manors, FL 33305  
(City/ State and Zip Code)

md@islandcitystage.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Childers at 954 9289800  
(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 checked="" 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

NO Check  
12/19 DB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2020

MARTIN CHILDERS  
2304 N DIXIE HIGHWAY  
WILTON MANORS, FL 33305

SUBJECT: ISLAND CITY STAGE, INC.  
Ref. Number: N12000001272

We have received your document for ISLAND CITY STAGE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 720A00003353



2304 N. Dixie HWY  
Wilton Manors, FL 33305  
[md@islandcitystage.org](mailto:md@islandcitystage.org)  
954-519-2533

*Creating professional theatrical productions and quality programs that engage the community in the LGBTQ experience*

November 19, 2019

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**To Whom It May Concern:**

Please make the following changes to our Board of Trustees. There are no other amendments. If you need additional information, please call 954-928-9800 and speak with the me, Martin Childers, Managing Director.

Best Regards,

Martin Childers  
Managing Director  
954-928-9800  
[md@islandcitystage.org](mailto:md@islandcitystage.org)

RECEIVED

NOV 19 2019 12:58 PM

Articles of Amendment  
to  
Articles of Incorporation  
of

Island City Stage, Inc

2020 11 13 PM 1:31

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

N12000001272

(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, 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>D</u>	<u>Mark Fox</u>	<u>1240 NE 24th Street</u> <u>3210</u> <u>Wilton Manors, FL 33305</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Angel Burgos</u>	<u>325 NE 25th Street</u> <u>Wilton Manors, FL 3305</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Jeff Sacks</u>	<u>3233 NE 34th St. #1408</u> <u>Fort Lauderdale, FL 33308</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>XT</u>	<u>Tim Hart</u>	<u>2929 E Commercial Blvd.</u> <u>PH-D</u> <u>Fort Lauderdale, FL 33308</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Scott Clearwater</u>	<u>2824 NE 24th Court</u> <u>Fort Lauderdale, FL 33305</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Ed Hashek</u>	<u>4100 Galt Ocean Dr. 911</u> <u>Fort Lauderdale, FL 33308</u>

*Already Resigned*

*Please do not Change*

**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: X Change PT John Doe X Remove V Mike Jones X Add SV Sally Smith

Type of Action	Title	Name	Address
7) <input type="checkbox"/> Change	<u>  D  </u>	Thel Boyette	2601 NE 14th Ave, Apt 110
<input checked="" type="checkbox"/> Add			Oakland Park, FL 33334
<input type="checkbox"/> Remove			
8) <input type="checkbox"/> Change	<u>  S  </u>	Greg Lindeblom	2334 S Cypress Bend Dr Apt 101
<input checked="" type="checkbox"/> Add			Pompano Beach, FL 33069
<input type="checkbox"/> Remove			
9) <input type="checkbox"/> Change	<u>  D  </u>	Niki Lopez	1310 SW 2nd Ct #109
<input checked="" type="checkbox"/> Add			Fort Lauderdale, FL 33308
<input type="checkbox"/> Remove			
10) <input type="checkbox"/> Change	<u>  D  </u>	David Ratcliffe	2800 E Sunrise Blvd
<input checked="" type="checkbox"/> Add			Fort Lauderdale, FL 33304
<input type="checkbox"/> Remove			





The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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(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 11/19/2019

Signature Scott W Clearwater

(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)

SCOTT W. CLEARWATER  
(Typed or printed name of person signing)

President, Board of Directors  
(Title of person signing)