

N12000001640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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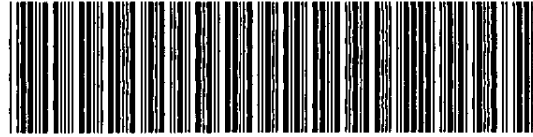
(Business Entity Name)

(Document Number)

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C. MUSTAIN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Covenant Homeless Family Shelter Inc.

Name of Corporation

**DOCUMENT NUMBER:** N12000001640

The enclosed Articles of Correction and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Sheree Brown

Name of Contact Person

Covenant Homeless Family Shelter Inc.

Firm/Company

865 West Lucy Street Suite 245

Address

Homestead, Florida 33034

City/State and Zip Code

chfs1brown@aol.com

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

For further information concerning this matter, please call:

Sheree Brown

Name of Contact Person

at ( 786 ) 278 - 0343

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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 CORRECTION

for

Covenant Homeless Family Shelter Inc.

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

N12000001640

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct board member,  
(Document Type Being Corrected)

filed with the Department of State on February 13, 2012,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Florence Kelly will not be a board member.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

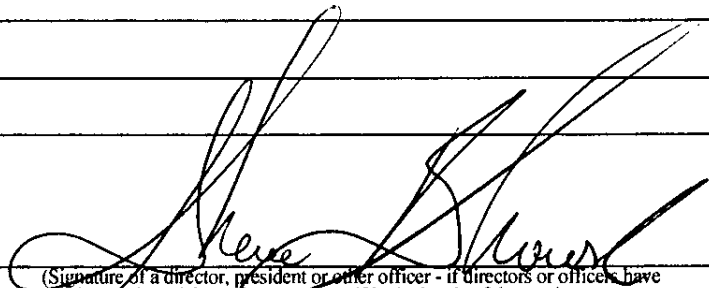
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(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Sheree Brown

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**

