

N12000001662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

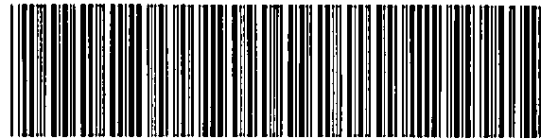
(Document Number)

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FILED

2018 OCT -5 AM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FL

And

R. WHITE

OCT 15 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2018

MICHELE RAY  
NEWBERRY HIGH SCHOOL BOOSTER SOFTBALL  
22205 NW 22 AVENUE  
NEWBERRY, FL 32669

SUBJECT: NEWBERRY HIGH SCHOOL SOFTBALL BOOSTER CLUB CORP.  
Ref. Number: N12000001662

We have received your document for NEWBERRY HIGH SCHOOL SOFTBALL BOOSTER CLUB CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 518A00017735

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NEWBERRY HIGH SCHOOL SOFTBALL BOOSTER CLUB CORP

DOCUMENT NUMBER: NI2000001662

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

Please return all correspondence concerning this matter to the following:

MICHELE RAY

(Name of Contact Person)

NEWBERRY HIGH SCHOOL SOFTBALL BOOSTER CLUB CORP

(Firm/ Company)

22205 NW 22 AVENUE

(Address)

NEWBERRY FL 32669

(City/ State and Zip Code)

MICHELER@IDSIMAGING.COM

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

For further information concerning this matter, please call:

MICHELE RAY

3522814393

at

(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 &<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

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

2018 OCT -5 AM 3:46

NEWBERRY HIGH SCHOOL SOFTBALL BOOSTER CLUB CORP.

SECRETARY OF STATE  
TALLAHASSEE, FL

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

N12000001662

(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:

MICHELE RAY

10001 SW 92 ST

(Florida street address)

New Registered Office Address:

GAINESVILLE

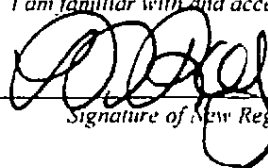
(City)

Florida 32608

(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

[illegible]

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	PT	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	V	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	SV	<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	V	KIMBERLY STANLEY	22205 NW 22 AVE
<input type="checkbox"/> Add			NEWBERRY FL 32669
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	V	ANGELIQUE FAIN - SIMONEAUX	16448 SW 143 AVE
<input checked="" type="checkbox"/> Add			ARCHER FL 32618
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VP	EDIE WESLEY	26520 NW 2 AVE
<input type="checkbox"/> Add			NEWBERRY FL 32669
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	VP	JANA LEIGH ABRAMS	25823 NW 1 AVE
<input checked="" type="checkbox"/> Add			NEWBERRY FL 32669
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	TRES	ANGELA HUNT-DIXON	6290 SE 70 ST
<input type="checkbox"/> Add			TRENTON FL 32693
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	TRES	MICHELE RAY	10001 SW 92 ST
<input checked="" type="checkbox"/> Add			GAINESVILLE FL 32608
<input type="checkbox"/> Remove			

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

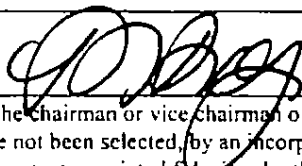
Effective date if applicable: 08-01-2018  
(no more than 90 days after amendment file date)

**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 10-08-2018 \_\_\_\_\_

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)

MICHELE RAY  
\_\_\_\_\_  
(Typed or printed name of person signing)

TREASURER  
\_\_\_\_\_  
(Title of person signing)