

N120000006697

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DIVISION OF CORPORATIONS  
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C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2016

WALTER W. HAGAN SR / FAMILY HOPE PREGNANCY CENTER INC  
20892 SECOND AVE.  
DUNNELLON, FL 34431 US

SUBJECT: FAMILY HOPE PREGNANCY CENTER INC.  
Ref. Number: N12000006697

We have received your document for FAMILY HOPE PREGNANCY CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent cannot sign on page 4. An officer or director must sign on page 4.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 316A00006242

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Family Hope Pregnancy Center Inc.

DOCUMENT NUMBER: N 12 00000 6697

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

Please return all correspondence concerning this matter to the following:

Walter W. Hagan Sr.

(Name of Contact Person)

Family Hope Pregnancy Center Inc.

(Firm/ Company)

20892 Second Ave

(Address)

Dunnellon, FL 34431

(City/ State and Zip Code)

familyhopepregnancycenter@yahoo.com

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

For further information concerning this matter, please call:

Walter W. Hagan Sr.

(Name of Contact Person)

at 352-489-9994

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

FAMILY Hope Pregnancy Center INC.

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

N 12 00000 6697

(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:

Family Hope Resource and Pregnancy Center Inc.

*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)

20892 Second Avenue  
Dunnellon, FL 34431

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

Walter W. Hagan Sr.

20892 Second Avenue

(Florida street address)

New Registered Office Address:

DUNNELLON

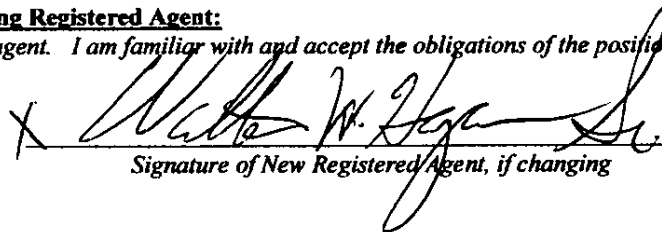
(City)

Florida 34431

(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.

X 

Signature of New Registered Agent, if changing

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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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Burton, Rev Jess</u>	<u>20892 Second Ave</u> <u>Dunnellon, FL 34431</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Goodlett, Robert T</u>	<u>20892 Second Ave</u> <u>Dunnellon, FL 34431</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Duke, Dianne L</u>	<u>20892 Second Ave</u> <u>Dunnellon, FL 34431</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Hagan, Teri</u>	<u>20892 Second Ave</u> <u>Dunnellon, FL 34431</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>O</u>	<u>Welch, Marylin</u>	<u>20892 Second Ave</u> <u>Dunnellon, FL 34431</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>O</u>	<u>Burton, Rev Jess</u>	<u>20892 Second Ave</u> <u>Dunnellon, FL 34431</u>

(Attach additional sheets, if necessary)

*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.*

**Example:**

**Type of Action**  
(Check One)

**Name**

### Address

○

Good Lett, Roberto

20892 Second Ave

**X Add**

Dunnellon, FL 34431

Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add

**Remove**

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100

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Add

**Remove**

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\_\_\_\_\_

**Add**

**Remove**

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\_\_\_\_\_

Add

**Remove**

\_\_\_\_\_

\_\_\_\_\_

**Add**

Remove

.....

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

N 12 00000 6697

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

4-7-2016

Signature

X Teresa S. Hagan

(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)

Teresa S. Hagan

(Typed or printed name of person signing)

Board Member

(Title of person signing)

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