# 11200010563

(Reque	stor's Name)			
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(City/Si	tate/Zip/Phone #)	,		
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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AND AND



### **COVER LETTER**

Military Officers Association of America Ancient City Chapter, In NAME OF CORPORATION N12000010563 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 7000th D Finney (Name of Contact Person) िराष्ट्रिक अञ्चलकार्या of America Ancient City Chapter; Inc (Firm/ Company) PO BOX 4571 (Address) St Augustine, Florida 32084-4571 (City/ State and Zip Code) finneyb1@mac.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Robert D Finney 904 540-0652 (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: □ \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2014

ROBERT D FINNEY P.O. BOX 4571 ST AUGUSTINE, FL 32084-4571

SUBJECT: MILITARY OFFICERS ASSOCIATION OF AMERICA ANCIENT CITY

CHAPTER, INC.

Ref. Number: N12000010563

We have received your document for MILITARY OFFICERS ASSOCIATION OF AMERICA ANCIENT CITY CHAPTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

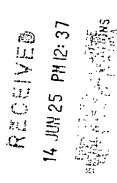
Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 814A00011814



## **Articles of Amendment** to Articles of Incorporation of

(Name of Corporation as currently file N12000010563	d with the Florida Dept. of Sta	te)
(Document	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida No.	t For Profit Corporation adopts the following
A. If amending name, enter the new name of	f the corporation:	
		The nev
name must be distinguishable and contain the v <u>"Company" or "Co." may not be used in the n</u>		rated" or the abbreviation "Corp." or "Inc."
		A SE
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		Pro U
		TAR)
		SEE+
	<del></del>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		STATE
(Manning and the Manning and t	<u> </u>	D.M.
		<u> </u>
D. If amending the registered agent and/or r	registered office address in Flori	side enter the name of the
new registered agent and/or the new regis		ida, enter the name of the
Name of New Registered Agent:		
Name of New Negisierea Agent.		
<del></del>	(Florida street addres	c)
New Registered Office Address:	Ti minus sireer unures	3)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changin	na Dealstared Agent.	
I hereby accept the appointment as registered a		cept the obligations of the position.
Sig	nature of New Registered Agent	if changing

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	D	lvan Juric	2957 S. Ponte Ved	ra Blvd
1) Change X Add		-	Ponte Vedra Beach	ı, Fl
Remove			32082	
2) Change				
Add			<del></del>	
Remove				
3) Change				
Add				
Remove				<del></del>
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				_
6) Chango				
6) Change			<del>-</del>	
Add				
Remove				

E: If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
Change FEI/EIN Number from 123456789 to 46-1077287						
See Attached Ils Letter						

, IN/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
' N/A	
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 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 $\frac{4-2(-14)}{R}$	
Signature Kofert D Faring	
(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)	
Robert D Finney	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	

Date of this notice: 09-27-2012

Employer Identification Number: 46-1077287

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

MILITARY OFFICERS ASSOCIATION OF AMERICA ANCIENT CITY CHAPTER INC ANCIENT CITY CHAPTER % GEORGE MCCREA PO BOX 4571 ST AUGUSTINE, FL 32085

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-1077287. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service PO Box 12192 Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.