

N12000011609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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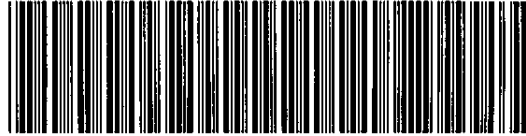
(Business Entity Name)

(Document Number)

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15 MAY -5 PM 2:53
TALLAHASSEE, FLORIDA

MAY 12 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Northeast Florida Women Veterans Association, Inc

DOCUMENT NUMBER: N12000011609

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

Please return all correspondence concerning this matter to the following:

Deloris M. Quaranta

(Name of Contact Person)

Northeast Florida Women Veterans, Inc

(Firm/ Company)

P.O. Box 26296

(Address)

Jacksonville, FL 32226

(City/ State and Zip Code)

dquaranta@forwomenvets.org

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

For further information concerning this matter, please call:

Deloris M. Quaranta

904-239-6801

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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

FILED

15 MAY -6 PM 2:25

Northeast Florida Women Veterans Association, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N12000011609

(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:

Northeast Florida Women Veteran, 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:

103 Century 21 Drive

(Principal office address **MUST BE A STREET ADDRESS**)

Jacksonville FL, 32216

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 26296

Jacksonville, FL 32226

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:

(City)

, Florida

(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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO/P</u>	<u>Deloris M. Quaranta</u>	<u>P.O. Box 26296</u> <u>Jacksonville, FL 32226</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Jeannetta Mock</u>	<u>P.O. Box 26296</u> <u>Jacksonville, FL 32226</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC</u>	<u>Veronica Tutt</u>	<u>P.O. Box 26296</u> <u>Jacksonville, FL 32226</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Linda Lopez</u>	<u>P.O. Box 26296</u> <u>Jacksonville, FL 32226</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Patricia Piazza</u>	<u>P.O. Box 26296</u> <u>Jacksonville, FL 32226</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PAR</u>	<u>Sheila R.E. Williams</u>	<u>P.O. Box 26296</u> <u>Jacksonville FL 32226</u>

Northeast Florida Women Veterans, INC
Document Nr: N12000011609

Amendment to Officers:

Remove	Glenda Washington	1047 Mackinnaw Street Jacksonville FL 32254
Change to "D"	Carmelita Gaines	PO Box 26296 Jacksonville, FL 32226
Add "D"	Suzette Cudjoe-Hodge	PO Box 26296 Jacksonville, FL 32226
Add "D"	Katrina Lewis	PO Box 26296 Jacksonville, FL 32226
Add "D"	Katie Ramsey	PO Box 26296 Jacksonville, FL 32226

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

Article I - Name of Corporation: Northeast Florida Women Veterans, Inc

Article II - Principle place of Business: 103 Century 21 Drive; Jacksonville, FL 32216

Mailing Address: P.O. Box 26296; Jacksonville FL 32226

Article III - To provide supportive services to women (and their minor children)

who have served on Active Duty, Reservist, and National Guard.

Article: IV - no change

Article V - Deloris M. Quaranta; 2586 Broward Road; Jacksonville, FL 32218

Article VI - Dissolution: Upon a majority vote of the board of directors, and it is found in the best interest of the

organization, the Northeast Florida Women Veterans, Inc shall be dissolved. All assets will be documented

and transferred to another nonprofit organization. Bank account will be closed with any balance donated to

another nonprofit organization. Final reporting to the Internal Revenue shall be performed within 30 days

of closure and notification to the State of Florida and other official offices of interest shall be notify in

writing. All files will be packed and stored or destroyed as decided by the board.

April 7, 2015

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

April 7, 2015

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.

April 30, 2015

Dated

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)

Deloris M. Quaranta

(Typed or printed name of person signing)

CEO/President

(Title of person signing)

INTERNAL REVENUE SERVICE

P.O. BOX #2508

CINCINNATI OH 45201

Date

JUN 16 2014

NORTHEAST FLORIDA WOMEN VETERANS
ASSOCIATION INC
2442 BROWARD RD
JACKSONVILLE, FL 32218

DEPARTMENT OF THE TREASURY

Employer Identification Number:

30-0758834

DLN:

17053136327033

Contact Person:

MS. HERRELL

ID# 31505

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

December 14, 2012

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Tamara Rippanda

Director, Exempt Organizations

Enclosure: Publication 4221-PC