

N14 0000002143

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Concerned Citizens of Newberry  
Name of Corporation

**DOCUMENT NUMBER:** N14000002143

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gale K. Watson

Name of Contact Person

Concerned Citizens of Newberry *Inc.*

Firm/Company

P.O. Box ~~555~~ 577

Address

Newberry, FL 32669

City/State and Zip Code

gkwatson22@yahoo.com

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

For further information concerning this matter, please call:

Gale K. ~~Watson~~

Name of Contact Person

at ( 352 ) 472-3407

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Concerned Citizens of Newberry Inc.

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

(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:

N/A 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)

P.O. Box 568  
Newberry, FL 32669

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:

N/A

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>X</u> Change ___ Add  ___ Remove	<u>Vice Pre</u>	<u>Joy Delight Ingram</u>	<u>25142 NW 7th Ave</u> <u>Newberry, FL 32669</u>
2) <u>X</u> Change ___ Add  ___ Remove	<u>Treasure</u>	<u>Gail King Watson</u>	<u>P.O. Box 577</u> <u>Newberry, FL 32669</u>
3) <u>X</u> Change ___ Add ___ Remove	<u>Secretar</u>	<u>Brenda King Whitfield</u>	<u>P.O. Box 568</u> <u>Newberry, FL 32669</u>
4) ___ Change ___ Add  ___ Remove	_____	_____	_____ _____ _____
5) ___ Change ___ Add  ___ Remove	_____	_____	_____ _____ _____
6) ___ Change ___ Add  ___ Remove	_____	_____	_____ _____ _____

**F. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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☒ 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 7/5/2021

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)

Gail K. Watson

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

Treasurer

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