

N14 000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

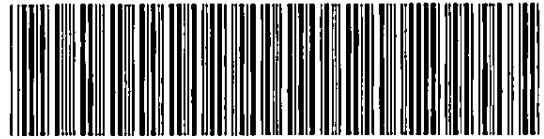
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 3 2023

Office Use Only



500402194905

02/16/23--01015--009 \$52.50

FILED
2023 FEB 16 PM 12:00
SECRETARY OF
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRIENDS OF THE HACIENDA AND HISTORIC NEWPORT RICHEY

DOCUMENT NUMBER: N14000002450

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

Please return all correspondence concerning this matter to the following:

RUTH FERGUSON

(Name of Contact Person)

(Firm/ Company)

5941 RIO DRIVE

(Address)

NEWPORT RICHEY, FL 34652

(City/ State and Zip Code)

hubbino01@aol.com

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

For further information concerning this matter, please call:

RUTH FERGUSON

(Name of Contact Person)

at 262 215-0371

(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 type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FRIENDS OF THE HACIENDA AND HISTORIC NEW PORT RICHEY
(Name of Corporation as currently filed with the Florida Dept. of State)

N1400002450

(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:

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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: NA

(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

2008 FEB 16 PM 1:11
SECRETARY
TALLAHASSEE
FILED

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 | John Doe |
| <input checked="" type="checkbox"/> Remove | V | Mike Jones |
| <input checked="" type="checkbox"/> Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|--|-------|--|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | P | ROBERT LANGFORD | |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | T | ANN MARIE JAMES | |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | V | GARY R GANN | 6123 LAFAYETTE ST NEW PORT RICHEY, FL 34652 |
| 4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | D | DAVE EICHENBERGER | P.O. BOX 1771 NEW PORT RICHEY, FL 34656 |
| 5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | D | JILLIE BLACK | P.O. BOX 1771 NEW PORT RICHEY, FL 34656 |
| 6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | D | KRISTINA FRANK O'DANIELS | 3149 CHALEN ST NEW PORT RICHEY, FL 34655 |

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

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 checked="" type="checkbox"/> Change ___ Add ___ Remove | <u>T</u> | <u>RUTH FERGUSON</u> | _____ |
| 2) <input checked="" type="checkbox"/> Change ___ Add ___ Remove | <u>P</u> | <u>GREG SMITH</u> | _____ |
| 3) ___ Change <input checked="" type="checkbox"/> Add ___ Remove | <u>S</u> | <u>PAUL CHEFERO</u> | <u>5932 RIO DRIVE</u> <u>NEW PORT RICHEY, FL 34652</u> |
| 4) ___ Change <input checked="" type="checkbox"/> Add ___ Remove | <u>D</u> | <u>PAULA GANN</u> | <u>6123 LAFAYETTE ST</u> <u>NEW PORT RICHEY, FL 34652</u> |
| 5) <input checked="" type="checkbox"/> Change ___ Add ___ Remove | <u>D</u> | <u>CHUCK GREY</u> | <u>5636 GRAND BLVD STE A</u> <u>NEW PORT RICHEY, FL 34652</u> |
| 6) ___ Change ___ Add ___ Remove | <u>D</u> | <u>CAMI AUSTIN</u> | <u>8251 BRENT ST #406</u> <u>PORT RICHEY, FL 34668</u> |

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

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

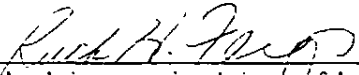
The date of each amendment(s) adoption: 2/9/2023, if other than the date this document was signed.

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.

☒ 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 2-11-2023

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)

RUTH H. FERGUSON
(Typed or printed name of person signing)

TREASURER
(Title of person signing)