

N140000008087

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CRm  
10-24-14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NORTH PORT USKYS ATJLETIC ASSCIATION INC.

DOCUMENT NUMBER: ~~N1000008087~~ - 14 N14000008087

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

Please return all correspondence concerning this matter to the following:

**BRUCE M CODY**

(Name of Contact Person)

**NORTH PORT AUSKYS ATHLETIC ASS INC**

(Firm/ Company)

**4411 MONGITE RD**

(Address)

**NORTH PORT FL 34287**

(City/ State and Zip Code)

**coachcody56@yahoo.com**

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

For further information concerning this matter, please call:

**BRUCE M CODY**

(Name of Contact Person)

at **941 204 9040**

(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 &<br>Certificate of Status | <input checked="" 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

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SECRET  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**NORTH PORT AUSKYS ATHLETIC ASSC INC**

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

**N14000008087**

(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:**

**FLORIDA WEST COAST CONFERENCE 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**)

**4411 MONGITE RD**

**NORTH PORT FL**

**34287**

**C. Enter new mailing address, if applicable:**

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

**4411 MONGITE RD**

**NORTH PORT FL**

**34287**

**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:*

**BRUCE M CODY**

**4411 MONGITE RD**

(Florida street address)

*New Registered Office Address:*

**NORTH PORT**

(City)

**34287**

, 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.*

**BRUCE M CODY**

Digitally signed by BRUCE M CODY  
DN: cn=BRUCE M CODY, o=FLORIDA WEST COAST CONFERENCE INC,  
email=bruce.m.cody@flwcfc.com, c=US  
Date: 2014.10.01 14:25:41 -0500

*Signature of New Registered Agent, if changing*

*Bruce M Cody*

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SECRETARY OF STATE

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:

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>PR</u>	<u>BRUCE M CODY</u>	<u>4411 MONGITE RD</u> <u>NORTH PORT FL</u> <u>34287</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>LESLIE G HASSEN</u>	<u>30 THERAESA BLVD</u> <u>PORT CHARLOTTE FL</u> <u>33954</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SEC</u>	<u>SHERYL CODY</u>	<u>4411 MONGITE RD</u> <u>NORTH PORT FL</u> <u>34287</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PR</u>	<u>SHERYL CODY</u>	<u>4411 MONGITE RD</u> <u>NORTH PORT FL</u> <u>34287</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>NICK W HILL</u>	<u>4411 MONGITE RD</u> <u>NORTH PORT FL</u> <u>34287</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SEC</u>	<u>BRUCE M CODY</u>	<u>4411 MONGITE RD</u> <u>NORTH PORT FL</u> <u>34287</u>

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

CHANGING NAME FROM NORTH PORT AUSKYS ATHLETIC ASSC  
INC TO / FLORIDA WEST COAST CONFERENCE, INC.

SEPT 14 2014  
STATE  
TALLAHASSEE

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The date of each amendment(s) adoption: SEPTEMBER 30TH 2014, if other than the date this document was signed.

Effective date if applicable: OCTOBER 1ST 2014  
(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 OCTOBER 1ST 2014

Signature BRUCE M CODY Bruce M Cody  
(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)

BRUCE M CODY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2014

BRUCE M CODY  
NORTH PORT AUSKYS ATHLETIC ASS INC  
4411 MONGITE RD  
NORTH PORT, FL 34287

SUBJECT: FLORIDA WEST COAST CONFERENCE INC.  
Ref. Number: N10000008087

We have received your document for FLORIDA WEST COAST CONFERENCE 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):

The document must have original signatures.

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) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 814A00022873

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