

# N16000 006 027

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2019 AUG 21 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 23 2019  
T. LEMIEUX

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FILIPINO AND AMERICAN OF THE TREASURE COAST INC

**DOCUMENT NUMBER:** N1600006027

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

Please return all correspondence concerning this matter to the following:

Amy Kenny

Name of Contact Person

Filipino and American Society of the Treasure Coast, Inc.

Firm/ Company

1665 NW Fork Road

Address

Stuart, FL 34994

City/ State and Zip Code

amykenny1160@yahoo.com

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

For further information concerning this matter, please call:

Amy Kenny

at ( 772 ) 919-1794

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 &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2019

AMY KENNY  
1665 NW FORK RD  
STUART, FL 34994

SUBJECT: FILIPINO AND AMERICAN SOCIETY OF THE TREASURE COAST  
INC  
Ref. Number: N16000006027

We have received your document for FILIPINO AND AMERICAN SOCIETY OF THE TREASURE COAST INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit.

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: 619A00016228

2019 AUG 21 AM 10:48

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Filipino and American Society of the Treasure Coast

(Name of Corporation as currently filed with the Florida Dept. of State) 2018 AUG 21 P 3:41

N1600006027

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 15279

Fort Pierce, FL 34979

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:

Amy Kenny

1665 NW Fork Road

(Florida street address)

New Registered Office Address:

Stuart, FL


(City)

Florida 34994

(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:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>Amy Kenny</u>	<u>1665 NW Fork Road</u>
<u>      </u> Add			<u>Stuart, FL 34994</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>V</u>	<u>Mary Flor Solino</u>	<u>1181 SW Kalevala Drive</u>
<u>      </u> Add			<u>Port Saint Lucie, FL 34953</u>
<u>      </u> Remove			
3) <u>X</u> Change	<u>S</u>	<u>Ma. Retcha Butler</u>	<u>5800 Balsam Drive</u>
<u>      </u> Add			<u>Fort Pierce, FL 34982</u>
<u>      </u> Remove			
4) <u>X</u> Change	<u>A</u>	<u>Violy Cemer</u>	<u>1062 SE Coral Reef St</u>
<u>      </u> Add			<u>Port St Lucie FL 34983</u>
<u>      </u> Remove			
5) <u>      </u> Change	<u>C</u>	<u>Daisy McGinnis</u>	<u>1518 Minorca Avenue</u>
<u>X</u> Add			<u>Port St Lucie 34952</u>
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**AMENDMENT FOR OFFICERS TO BE REMOVED:**

**DAISY MCGINNIS – PRESIDENT**

1518 SE MINORCA AVENUE

PORT ST LUCIE FL 34952

**ANASOL PRESCIOUS – VICE PRESIDENT**

1851 CANDEM STREET

PORT ST LUCIE FL 34952

**AMY KENNY – SECRETARY**

1665 NW FORK ROAD

STUART FL 34997

**MAUREEN ARANZAMENDEZ – ASSISTANT SECRETARY**

5826 NW ZENITH DRIVE

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

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

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 8/10/19, if other than the date this document was signed.

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.

Dated 8/19/19

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)

Amy Kenny

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

President

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