

N16823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 OCT 23 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 24 2017  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2017

KATHLEEN PROSSICK  
HOMELESS EMERGENCY PROJECT  
1120 N BETTY LANE  
CLEARWATER, FL 33755

SUBJECT: HOMELESS EMERGENCY PROJECT, INC.  
Ref. Number: N16823

We have received your document for HOMELESS EMERGENCY PROJECT, 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00020050



HELPING PEOPLE HELP THEMSELVES

October 19, 2017

Shelia H Young  
Florida Department of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Subject: Homeless Emergency Project, Inc.  
Ref. Number: N16823

Enclosed please find a copy of letter number 917A00020050 requesting correct documentation for making changes in the officers/directors of a corporation. I have completed the forms and included in this mailing. Previously mailed check number 39572 should cover the filing fee. A copy of the check is also enclosed. If you have any questions I can be reached at 727 442-9041 extension 164 or [kathleenp@hepempowers.org](mailto:kathleenp@hepempowers.org). Thank you.

Sincerely,

Kathleen Prossick  
Director of Finance

RECEIVED  
17 OCT 23 PM 3:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Homeless Emergency Project, Inc.

DOCUMENT NUMBER: N16823

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

Please return all correspondence concerning this matter to the following:

Kathleen Prossick

(Name of Contact Person)

Homeless Emergency Project, Inc.

(Firm/ Company)

1120 N Betty Lane

(Address)

Clearwater, FL 33755

(City/ State and Zip Code)

kathleenp@hepempowers.org

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

For further information concerning this matter, please call:

Ashley Lowery

727 442-9041

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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input 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

Articles of Amendment  
to  
Articles of Incorporation  
of

Homeless Emergency, Project, Inc.

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

N16823

(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:

*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)

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: Adam Bouchard

101 Starcrest Dr

(Florida street address)

New Registered Office Address:

Clearwater

(City)

Florida 33765

(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

FILED  
OCT 23 AM 10:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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 type="checkbox"/> Change	<u>PCEO</u>	<u>Lowery, E Ashley</u>	<u>1120 N Betty Lane</u>
<input checked="" type="checkbox"/> Add			<u>Clearwater FL 33755</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>CE</u>	<u>Fyfe, Bruce E</u>	<u>941 Weathersfield Dr</u>
<input type="checkbox"/> Add			<u>Dunedin FL 34698</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PCEO</u>	<u>McAbee, Terance</u>	<u>1120 N Betty Lane</u>
<input type="checkbox"/> Add			<u>Clearwater FL 33755</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 9/19/2017 if other than the date this document was signed.

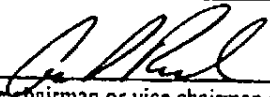
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 10/19/17

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)

Adam Bouchard

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

Chairman of the Board

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