

# N17000011478

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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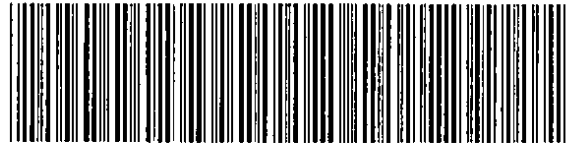
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(Business Entity Name)

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

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08/08/2023

23 JUN 27 AM 6:14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Foundation for the Islands of Old Providence and Santa Catalina, Inc.

DOCUMENT NUMBER: N17000011478

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

Please return all correspondence concerning this matter to the following:

Glenn E. Coe

(Name of Contact Person)

Foundation for the Islands of Old Providence and Santa Catalina, Inc.

(Firm/ Company)

5516 Elizabeth Rose Square

(Address)

Orlando, FL 32810

(City/ State and Zip Code)

Gcoeconsulting@gmail.com

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

For further information concerning this matter, please call:

Glenn E. Coe

860

490-7482

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Foundation for the Islands of Old Providence and Santa Catalina, Inc.

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

N17000011478

(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)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:**

<u>Name of New Registered Agent:</u>	N/A	
	N/A	
		(Florida street address)
<u>New Registered Office Address:</u>	N/A	
		(City)
		Florida (Zip Code)

23 JUN 27 AM 6:14

**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.*

N/A  
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:

<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 <input type="checkbox"/> Add	<u>V</u>	<u>Saul Jay Newball</u>	<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>Fanny Regina Howard</u>	<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Julienne Cassarino</u>	<u>54 Sycamore Drive</u> <u>Durham, CT 06422</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>David Theodore Coe</u>	<u></u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Julie Kathleen Bush</u>	<u>8405 Hammocks Blvd.</u> <u>Apt. 4114</u> <u>Miami, FL 33193</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Diana Marcela Sjogreen</u>	<u></u>

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

Amendment to the Third Article of Incorporation:

"Third: Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including,  
for such purposes, the making of distributions to agents of the corporation for the purpose of operating projects and programs  
consistent with and in furtherance of the corporation's purposes, and to organizations that qualify as exempt organizations  
under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code."

**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.*

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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
7) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	D	Mathieu Coe	
8) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	D	Katherine Roger	3379 Heather St. Vancouver BC V5Z 3K6 Canada
9) <input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Aminta Robinson Archbold	Pueblo Viejo Providencia Islas Colombia
10) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Carlos Archbold Yip	Smoothwater Bay Providencia Islas Colombia
11) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Derrick Blay	30 Avenue Highlands LaSalle Quebec H8R 3N1 Canada
12) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Elru McLaughlin Newball Cardozo	Southwest Bay Providencia Islas Colombia

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

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

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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:

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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
13) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Elmer Eubanks-Archbold	427 Oak Hill Rd. Fitchburg, MA 01420
14) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Federico Ernesto Jay Davis	CRA 88B #34C-25, Apto. 101 Medellin, Colombia 050032
15) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Rosabell J. Castell Britton	Diagonal al Centro de Salud San Luis San Andres Providencia Santa Cata Colombia
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			

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

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

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The date of each amendment(s) adoption: June 7, 2023, 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 June 22, 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)

Glenn E Coe

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

President

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