

N17309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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S TALLENT

AUG 23 2018

FILED  
18 AUG 22 AM 1:41  
CLERK OF SUPERIOR COURT

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2018

JENNIFER DONOHUE  
THE SHELTER FOR ABUSED WOMEN & CHILDREN,  
2365 WEEKS AVENUE  
NAPLES, FL 34112

SUBJECT: THE SHELTER FOR ABUSED WOMEN & CHILDREN, INC.  
Ref. Number: N17309

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The current name of the entity is as referenced above. Please correct your document accordingly.

Bylaws are not filed with this office. Please retain them for your records.

PLEASE REMOVE ANY REFERENCE TO BYLAWS ON PAGE 3 OF 4.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 318A00016722

RECEIVED  
18 AUG 22 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Shelter for Abused Women & Children, Inc.

DOCUMENT NUMBER: N17309

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

Please return all correspondence concerning this matter to the following:

Jennifer Donohue

(Name of Contact Person)

The Shelter for Abused Women & Children, Inc.

(Firm/ Company)

2365 Weeks Avenue

(Address)

Naples, FL 34120

(City/ State and Zip Code)

jdonohue@naplesshelter.org

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

For further information concerning this matter, please call:

Jennifer Donohue

at

239-775-3862

(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 &	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
check was enclosed previously		(Additional copy is	Certified Copy
and not returned to us.		enclosed)	(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

Articles of Amendment  
to  
Articles of Incorporation  
of

The Shelter for Abused Women & Children, Inc.

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

N17309

(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:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(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.*

N/A

*Signature of New Registered Agent, if changing*

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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:*

*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) <input type="checkbox"/> Change	<u>Chair</u>	<u>Dennis Ling</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input checked="" type="checkbox"/> Change	<u>Chair</u>	<u>Bill Waltrip</u>	<u>640 Bridgeway Lane</u>
<input type="checkbox"/> Add			<u>Naples, FL, 34108</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>Secretary</u>	<u>Carole Roberts</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>Secretary</u>	<u>Karen Smith</u>	<u>100 Glenview Place</u>
<input checked="" type="checkbox"/> Add			<u>Naples, FL 34108</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>Vice Chair</u>	<u>Thomas Leipzig</u>	<u>1645 Chinaberry Way</u>
<input checked="" type="checkbox"/> Add			<u>Naples, FL 34105</u>
<input type="checkbox"/> Remove			<u></u>
6) <input checked="" type="checkbox"/> Change	<u>CEO</u>	<u>Linda Oberhaus</u>	<u>PO Box 10102</u>
<input type="checkbox"/> Add			<u>Naples, FL 34101</u>
<input type="checkbox"/> Remove			<u></u>

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

Amendment Changing Titles of Officers

TITLES:

"Executive Director" is now "Chief Executive Director"

"Board President" is now "Board Chair"

"Board Vice President" is now "Board Vice Chair"

The Mission statement has been updated to include our focus on human  
trafficking in addition to domestic violence.

The date of each amendment(s) adoption: September 1, 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 August 20, 2018

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)

Linda Oberhaus

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)