

N18000010545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

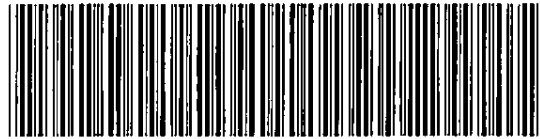
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

- Check a box
- Registered Agent
- Signature
- Authorization Detail
- Incomplete

Office Use Only

W24 00000007



100420165911

12/11/23--01023--012 \*\*43.75

FILED

2024 FEB -2 AM 7:50

FILED

AB

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Nature Coast Community Services Foundation, Inc

DOCUMENT NUMBER: N18000010545

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

Please return all correspondence concerning this matter to the following:

Paula Beason

(Name of Contact Person)

Nature Coast Community Services Foundation, Inc

(Firm/ Company)

13060 Cortez Blvd, #16

(Address)

Brooksville, FL 34613

(City/ State and Zip Code)

NCCSF548@gmail.com

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

For further information concerning this matter, please call:

Paula Beason

(Name of Contact Person)

727- 810-0075

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Nature Coast Community Services Foundation, Inc

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

N18000010545

(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:**

Homeless to Home in Hernando, 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**)

635 West Fort Dade Avenue

Brooksville, FL 34601

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

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

13060 Cortez Blvd, #16

Brooksville, FL 34613

**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:

David Roberts

7901 4th St N STE 4000

(Florida street address)

New Registered Office Address:

St. Petersburg

(City)

Florida 33702

(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.*

David Roberts

Signature of New Registered Agent, if changing

The mailing address of the corporation is:

13060 Cortez Blvd, #16, Brooksville, FL 34613

Article III

The specific purpose for which this corporation is organized as:

Organize and run community service and improvement programs to benefit the residents of Hernando C  
Primarily, but not exclusively.

Article VIII

The effective date of this amended corporation shall be:

02/01/2024

The date of each amendment(s) adoption: 01/26/2024, if other than the  
date this document was signed.

Effective date if applicable: 02/01/2024  
(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)

X ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)  
was/were sufficient for approval.

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  <input checked="" type="checkbox"/> Remove	<u>President</u>	<u>Ellen Paul</u>	<u>13039 Lawrence Street</u> <u>Spring Hill, FL 34609</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>President</u>	<u>Paula Beason</u>	<u>6396 India Dr.</u> <u>Spring Hill, FL 34608</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Jerrery Housman</u>	<u>7401 Heather Walk Dr.</u> <u>Weeki Wachee, FL 34613</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Mary C Tokar</u>	<u>9692 Sewell Lane</u> <u>Spring Hill, FL 34608</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>Vice President</u>	<u>Andrew LePage</u>	<u>1185 MacFarlane Ave</u> <u>Spring Hill, FL 34608</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Vice President</u>	<u>Marco Coron</u>	<u>201 W. Fort Drive</u> <u>Palestine, IL 62451</u>

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

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

Article 1

The name of the corporation is: Homeless to Home in Hernando, Inc.

Article II

The principal place of business is:

635 West Fort Dade avenue, Brooksville, FL 34601

- ☐ 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 01/26/2024

Signature *Paula Beason*  
(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)

Paula Beason  
(Typed or printed name of person signing)

President  
(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2024

PAULA BEASON  
13060 CORTEZ BLVD, #16  
BROOKVILLE, FL 34613

SUBJECT: NATURE COAST COMMUNITY SERVICES FOUNDATION, INC.  
Ref. Number: N18000010545

We have received your document for NATURE COAST COMMUNITY SERVICES FOUNDATION, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The registered agent must sign accepting the designation.

You did not complete the authorize detail section of your amendment.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 124A00000037

*Completed - AB*

