

N19000000 4032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

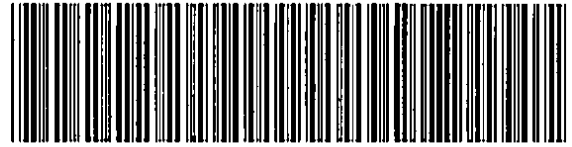
(Document Number)

Certified Copies _____ Certificates of Status _____

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19 SEP -3 PM 4:52

FILED
OFFICE OF THE CLERK OF SUPERIOR COURT
DIVISION OF CORPORATION

Handwritten signature

9/5/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2019

BARBARA GLOVER
6711 JACKSON LANE
MILTON, FL 32570

SUBJECT: MILTON KEYSER CEMETERY ASSOCIATION, INC.
Ref. Number: N19000004032

We have received your document for MILTON KEYSER CEMETERY ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00015180

2019 SEP -3 PM 2:08

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Milton Keyser Cemetery Association, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Barbara Glover
(Name of Contact Person)

Milton Keyser Cemetery Association, Inc.
(Firm/ Company)

6711 Jackson Lane
(Address)

Milton, Florida 32570
(City/ State and Zip Code)

b99336638@gmail.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Glover at (850) 501-5655
(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
DIVISION OF CORPORATIONS
19 SEP -3 PM 4:52

Milton Keyser Cemetery Association, Inc.

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

NI9000004032

(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:

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NA

(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:

NA

(Florida street address)

New Registered Office Address:

(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.

NA

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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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>DMBR</u>	<u>Gus Rich</u>	<u>5064 Persimmon</u> <u>Hollow Road</u> <u>Milton, FL 32583</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DMBR</u>	<u>Pauletta Rich</u>	<u>5064 Persimmon</u> <u>Hollow Road</u> <u>Milton, FL 32583</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DMBR</u>	<u>Willie Craig</u>	<u>5162 Persimmon</u> <u>Hollow Road</u> <u>Milton, FL 32583</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DMBR</u>	<u>L.T. McKinley</u>	<u>5539 Econfina</u> <u>Street</u> <u>Milton, FL 32570</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DMBR</u>	<u>Joe Johnson</u>	<u>4021 Garson Pt.</u> <u>Road</u> <u>Milton, FL 32583</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DMBR</u>	<u>Claudie Franklin</u>	<u>5890 Cedar Tree Dr.</u> <u>Milton, FL 32570</u>

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

ARTICLE III - PURPOSE - To coordinate ceremonies and monument settings; to coordinate opening and closing gravesites; maintain and enhance the landscaping and appearance of Cemetery lots and spaces; determine rules and policies relating to the operation and maintenance of the Cemetery:

* Please REMOVE the following verbiage:

"Coordinate records management with the Milton City Clerk; determine rules and policies relating to the operation and maintenance as approved by the City Council. Make recommendation to the City Council in regards to the upkeep and maintenance of the Cemetery."

** Add 501(c)(3) (attached)

xxx ARTICLE IV - MANNER OF ELECTIONS - Replace with this statement: "The method of election of Directors is as stated in the by-laws."

The date of each amendment(s) adoption: 07/02/19, 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 08/19/19

Signature Barbara Glover
(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)

Barbara Glover
(Typed or printed name of person signing)

Chairperson/President
(Title of person signing)

ARTICLE III - PURPOSE-

(Please add this language)

The general purpose for which this corporation is formed is to operate exclusively for such purposes as will qualify it as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code of 1954 or corresponding provisions of any subsequent federal tax laws, including, for such purposes, the making of distributions to organizations which qualify as tax exempt organizations under that Code. This corporation shall not, as a substantial part of its activities, carry on propaganda or otherwise attempt to influence legislation; nor shall it participate or intervene by publication or distribution of any statements or otherwise in any political campaign on behalf of any candidate for public office. This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory or nation.