

NA3073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

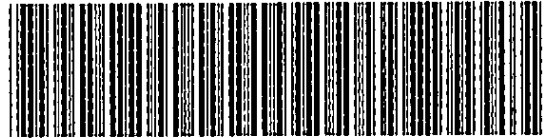
(Business Entity Name)

(Document Number)

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10/29/20--01019--018 **52.50

R. WHITE
DEC 08 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ichetucknee Forest Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N23073

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Ferrari
Name of Contact Person

Ichetucknee Forest Owners Association, Inc.
Firm/Company

~~PO Box 488~~ PO Box 487
Address

Fort White, FL 32038
City/State and Zip Code

IFOA INC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Ferrari at (352) 231-2283
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|--|
| ☐ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status |
| ☐ \$43.75 Filing Fee & Certified Copy | ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy |

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 CORRECTION

For

ICHE TUCKNEE FOREST OWNERS ASSOCIATION, INC.
Name of Corporation as currently filed with the Florida Dept. of State

N23073

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Details of ENTITY NAME, Florida Not for Profit
(Document Type Being Corrected)

filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

KATHY ROBERTS, SECRETARY

IRMA S. MARTIN, TREASURER

Correct the inaccuracy, incorrect statement, or defect:

IRMA S. MARTIN, PRESIDENT, 1306 SW LONCALA LANE, FORT WHITE, FL 32

JACK FERRARI, SECRETARY, 358 SW LONCALA LANE, FORT WHITE, FL 32

ANTHONY DAVID FERRARI, TREASURER, 358 SW LONCALA LANE, FORT WHITE, FL

Kathy Roberts

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

KATHY ROBERTS
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

Filing Fee: \$35.00

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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|------------------------------|--|
| 1) ☐ Change
☐ Add
☒ Remove | <u>PTD</u> | <u>IRMA MARTIN</u> | <u>1306 SW LONGALALA LOOP</u>
<u>FORT WHITE, FL 32038</u> |
| 2) ☐ Change
☒ Add
☐ Remove | <u>P</u> | <u>IRMA S. MARTIN</u> | <u>1306 SW LONGALALA LOOP</u>
<u>FORT WHITE, FL 32038</u> |
| 3) ☐ Change
☐ Add
☒ Remove | <u>S</u> | <u>KATHY ROBERTS</u> | <u>1946 SW LONGALALA LOOP</u>
<u>FORT WHITE, FL 32038</u> |
| 4) ☐ Change
☒ Add
☐ Remove | <u>S</u> | <u>JACK FERRARI</u> | <u>358 SW LONGALALA LOOP</u>
<u>FORT WHITE, FL 32038</u> |
| 5) ☐ Change
☒ Add
☐ Remove | <u>T</u> | <u>ANTHONY DAVID FERRARI</u> | <u>358 SW LONGALALA LOOP</u>
<u>FORT WHITE, FL 32038</u> |
| 6) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____ |

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

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

The date of each amendment(s) adoption: 10.25.20 if other
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

10.26.20

Signature

Kathy Roberts

(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)

At

~~IRMA S. MARTIN~~

KATHY ROBERTS

(Typed or printed name of person signing)

SECRETARY

~~IRMA S. MARTIN~~

IFOA, INC.

(Title of person signing)