

N34285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

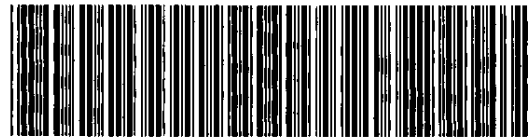
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TALLAHASSEE, FLORIDA

B.A.

TB

OCT 21 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA CHIROPRACTIC SOCIETY, POLITICAL ACTION COMMITTEE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N 34285

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBI LOHR  
Name of Contact Person

HOOD FAMILY CHIROPRACTIC CENTER  
Firm/Company

5990 54<sup>TH</sup> AVENUE NORTH  
Address

KENNESHA CITY, FL 33709  
City/State and Zip Code

DLOHR@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBI LOHR at (727) 251-3518  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2010

DEBI LOHR  
HOOD FAMILY CHIROPRACTIC CENTER  
5990 54TH AVE N  
KENNETH CITY, FL 33709

SUBJECT: FLORIDA CHIROPRACTIC SOCIETY POLITICAL ACTION  
COMMITTEE, INC.  
Ref. Number: N34285

We have received your document for FLORIDA CHIROPRACTIC SOCIETY  
POLITICAL ACTION COMMITTEE, INC. and your check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The document must have original signatures.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 010A00022897

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA CHIROPRACTIC SOCIETY POLITICAL ACTION COMMITTEE, INC.
2. The principal office address: 5990 54<sup>th</sup> AVENUE NORTH  
KENNESHA CITY, FL 33709
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9-19-1989 Document number: N34285

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KAREN HENARD BENHAMRON, DC  
4566 HWY 206, STE 205  
NICEVILLE, FL 32578

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DEBI LOHR  
5990 54<sup>th</sup> AVENUE NORTH  
P.O. Box NOT acceptable  
KENNESHA CITY, FL 33709

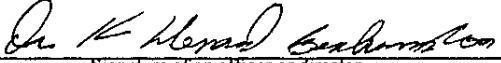
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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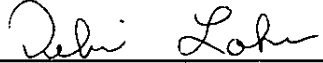
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Karen Henard Benhamron, Chairman  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

10-4-10  
Date

If signing on behalf of an entity:

DEBI LOHR  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*