

N/42017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

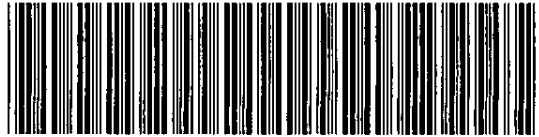
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600138096806

Amend

11/21/08--01012--007 **35.00

FILED
2008 DEC -9 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00671

AK
12/10/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GAINESVILLE WILDERNESS INSTITUTE INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JOHN DAVIDSON

(Name of Contact Person)

GAINESVILLE WILDERNESS INSTITUTE INC.

(Firm/ Company)

100 SE 134TH ST

(Address)

MICANOPY FL 32667

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOHN DAVIDSON

(Name of Contact Person)

at (352) 466-0543

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2008

John Davidson
Gainesville Wilderness Institute
100 SE 134th St.
Micanopy, FL 32667

SUBJECT: GAINESVILLE WILDERNESS INSTITUTE, INC.
Ref. Number: N42017

We have received your document for GAINESVILLE WILDERNESS INSTITUTE, 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):

Please fill in the registered office address on page 1 paragraph D and list the officers address in the space provided at the top of page 2.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 908A00058817

RECEIVED
2008 DEC -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2008 DEC -9 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COAINASVILLE W. LOANESS INSTITUTE
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

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)

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

JOHN DAVIDSON

New Registered Office Address:

160 SR 134TH AVE

(Florida street address)

MICANOPY

(City)

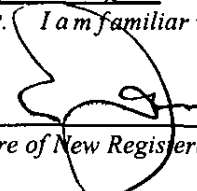
Florida

(Zip Code)

FL 32667

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.


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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CHAIR</u>	<u>IAN FLATCHER</u>	<u>100 SE 134th Ave.</u> <u>Micanopy Fl. 32667</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>KRIS KELLY</u>	<u>VICE CHAIR</u>	<u>100 SE 134th Ave.</u> <u>Micanopy Fl. 32667</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>JOSH FISCHER</u>	<u>BOARD member</u>	<u>100 SE 134th Ave.</u> <u>Micanopy Fl. 32667</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MIKE THORNTON</u>		<u>Regional Director</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

100 SE 134th Ave
Micanopy, Fl. 32667

The date of each amendment(s) adoption: November 19

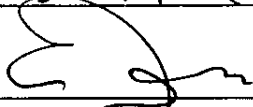
Effective date if applicable: November 19
(no more than 90 days after amendment file date)

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 November 19 2008

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)

JOHN DAVIDSON

(Typed or printed name of person signing)

EXECUTIVE DIRECTOR

(Title of person signing)