

N44979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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07/05/11--01006--006 **35.00

11 JUL 28 AM 11:52

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend
10/28/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Immokalee Foundation , Inc.

DOCUMENT NUMBER: N44979

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

Please return all correspondence concerning this matter to the following:

Mae Elizabeth Allbritten

(Name of Contact Person)

The Immokalee Foundation

(Firm/ Company)

3960 Radio Road, Suite 207

(Address)

Naples, FL 34104

(City/ State and Zip Code)

liz.allbritten@immokaleefoundation.org

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

For further information concerning this matter, please call:

Susan Wulber

(Name of Contact Person)

at (239) 430-9122

(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

REC'D JUL 11 REC'D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2011

LIZ ALLBRITTEN
THE IMMOKALEE FOUNDATION, INC.
3960 RADIO RD - STE. 207
NAPLES, FL 34104

SUBJECT: THE IMMOKALEE FOUNDATION, INC.
Ref. Number: N44979

We have received your document for THE IMMOKALEE FOUNDATION, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

FILE AN AMENDMENT TO AMEND THE OFFICER/DIRECTOR INFORMATION.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 411A00016068

RECEIVED
11 JUL 28 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

The Immokalee Foundaiton, Inc.

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

N44979

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 28 AM 11:52

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: Mae Elizabeth Allbritten

New Registered Office Address: (Florida street 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.

Mae Elizabeth Allbritten
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>
ED	Ed Laudise	173 Sharwood Drive Naples, FL 34110	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
ED	Mae Elizabeth Allbritten	3960 Radio Road Suite 207 Naples, FL: 34104	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: May 26, 2011
(date of adoption is required)

Effective date if applicable: _____
(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 July 20, 2011

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)

DON M COSTIGAN

(Typed or printed name of person signing)

CHAIRMAN OF BOARD

(Title of person signing)