

N9300000328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

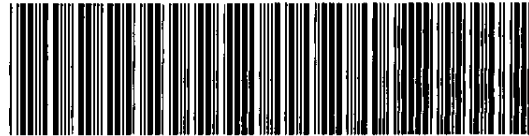
(Document Number)

Certified Copies _____

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600187739236

11/24/10--01027--016 **52.50

Amend/ok

FILED

NOV 24 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 02 2010



November 12, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Firehouse Cultural Center, Inc.
Document # N93000003218

We are requesting to change the name of our non-profit corporation and to remove and add three (3) Directors. We have attached the Articles of Amendment to amend the articles of incorporation for a Florida Not for Profit Corporation form. There is an additional page 2 included that lists the three (3) new Directors.

We are enclosing a check in the amount of \$52.50 and an additional copy of the Articles of Amendment form for a Certified Copy and Certificate of Status.

Please feel free to contact me if you have any questions. I can be reached on my cell phone at (863) 673-6364.

Thank you for your cooperation with this matter.

A handwritten signature in black ink, appearing to read "Susan B. Malcolm".

Susan B. Malcolm
President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Firehouse Cultural Center, Inc.

DOCUMENT NUMBER: N93000003218

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

Please return all correspondence concerning this matter to the following:

Susan B. Malcolm

(Name of Contact Person)

Firehouse Community Theatre, Inc.

(Firm/ Company)

P.O. Box 958

(Address)

LaBelle, FL 33975

(City/ State and Zip Code)

firehouseculturalcenter@yahoo.com

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

For further information concerning this matter, please call:

Emily A. Bates

(Name of Contact Person)

at (863) 673-0141

(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

Articles of Amendment
to
Articles of Incorporation
of

Firehouse Cultural Center, Inc.

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

N93000003218

(Document Number of Corporation (if known))

FILED
10 NOV 24 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Firehouse Community Theatre, Inc.

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:

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.

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) - See next page

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Dir	Donna Baines	2211 G. Road LaBelle, FL 33935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Dir	Jo Coombs	1309 Lenna Avenue Seffner, FL 33584	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Sec	Terri Lazar	311 Caloosa Estates Dr LaBelle, FL 33935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

Article I, Section 1:

The name of the corporation shall be:

Firehouse Community Theatre, Inc.

(Attach additional sheets, if necessary)

attachment

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

[illegible]


The date of each amendment(s) adoption: November 11, 2010
(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 November 12, 2010

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)

Susan B. Malcolm
(Typed or printed name of person signing)

President
(Title of person signing)