

N94000000414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

☐ WAIT

☐ MAIL

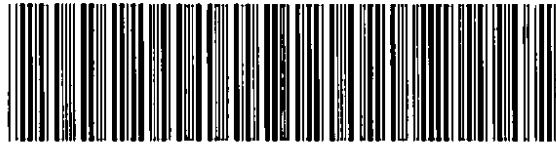
(Business Entity Name)

(Document Number)

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2020 DEC 18 AM 8:05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2020

KAREN CRAWFORD

SUBJECT: FLORIDA MOSQUITO CONTROL FOUNDATION, INC.  
Ref. Number: N94000000414

We have received your document for FLORIDA MOSQUITO CONTROL 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):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 020A00025297

*Received on 12/18/20*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Mosquito Control Foundation, Inc.

DOCUMENT NUMBER: N94000000414

The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Karen Crawford

(Name of Contact Person)

Florida Mosquito Control Foundation Inc.

(Firm/ Company)

2713 Blairstone Lane

(Address)

Tallahassee, FL 32301

(City/ State and Zip Code)

executivedirector@cmc-associates.com

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

For further information concerning this matter, please call:

James Clauson

850

258-4525

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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 Amendment  
to  
Articles of Incorporation  
of

(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:

2713 Blairstone Lane

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32301

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:

Karen Crawford

CMC & Associates 2713 Blairstone Lane

(Florida street address)

New Registered Office Address:

Tallahassee

(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

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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:

|  |    |             |
|--|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe    |
| <input type="checkbox"/> Remove            | V  | Mike Jones  |
| <input type="checkbox"/> Add               | SV | Sally Smith |

| Type of Action<br>(Check One)  | Title     | Name                           | Address  |
|--|-----------|--------------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove   | <u>O</u>  | <u>Andrea Leal</u>             | <u>5224 College Road</u><br><u>Stock Island, Key Wet, FL 33040</u> |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove   | <u>D</u>  | <u>Integrum Consulting LLC</u> | <u>11853 104th Lane</u><br><u>Largo, FL 33773</u>                  |
| 3) <input checked="" type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P</u>  | <u>James Clauson</u>           | <u>119 Sun Lane</u><br><u>Panama City Beach, FL 32413</u>          |
| 4) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove   | <u>VP</u> | <u>Christopher Lesser</u>      | <u>2317 2nd Ave W</u><br><u>Palmetto, FL 34221</u>                 |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove   | <u>T</u>  | <u>Doris Diane Richards</u>    | <u>5655 41st Street</u><br><u>Vero Beach, FL 32967</u>             |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove   | <u>D</u>  | <u>Karen Crawford</u>          | <u>6500 Hidden Lakes Drive</u><br><u>Tallahassee, FL 32311</u>     |

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

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

See attached

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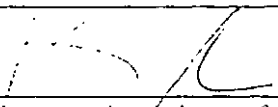
The date of each amendment(s) adoption: 12/10/2020, if other than the date this document was signed.

**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.

☐ 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 12/14/2020

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)

Karen Crawford  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)





**The Florida Mosquito Control Association  
and  
The Florida Mosquito Control Foundation**  
FMCA EIN: 59-181930, FMCF EIN: 650524018

2020 – 2021

December 10, 2020

Officers

**RESOLUTION OF THE EXECUTIVE BOARD OF DIRECTORS**

**James Clauson**  
President

The following resolution was adopted by the Board of the Florida Mosquito Control Association and the Florida Mosquito Control Foundation on December 10, 2020.

**Christopher Lesser**  
President-Elect

RESOLVED to remove the below individuals from all financial institutions including but not limited to: Bank of America, Edison National Bank, Northern Trust, Fifth Third Bank:


**Sandra Fisher-Grainger**  
Vice-President

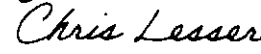
**Donald Powers** – Past President, FMC Corporation, [President@FloridaMosquito.org](mailto:President@FloridaMosquito.org), 205-641-1157

**Karen Crawford**  
Executive Director

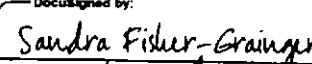
RESOLVED that the below individuals should be granted signatory authority with full authority to act on behalf of FMCA and FMCF at all financial institutions including but not limited to: Bank of America, Edison National Bank, Northern Trust, Fifth Third Bank


**Karen Crawford** – Executive Director, FMCA - [executivedirector@floridamosquito.org](mailto:executivedirector@floridamosquito.org), 850-765-1915  
**John Harvard** - Principal, Harvard & Associate, 850-224-9008, [john.harvard@harvard-cpa.com](mailto:john.harvard@harvard-cpa.com)  
**Current President - James Clauson**, Beach Mosquito Control District, [President@Floridamosquito.org](mailto:President@Floridamosquito.org), 850-233-5030

  
James Clauson, President  
Date 12-10-20

  
Chris Lesser  
Date 12/14/2020

Chris Lesser, President- Elect  
Date 12/14/2020

DocuSigned by:  
  
Date 12/14/2020

  
Sandra Fisher-Grainger, Vice -President  
Date 12/10/2020

Karen Crawford, Executive Director  
Date

**Florida Mosquito Control Association**

Providing expertise and guidance for the control of pestiferous and disease transmitting mosquitoes  
(850) 765-1915 | [ExecutiveDirector@FloridaMosquito.org](mailto:ExecutiveDirector@FloridaMosquito.org) | <https://www.floridamosquito.org>