

N94 000005026

Rotary Youth Camp
Post Office Box 10426
Tallahassee FL 32302



(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2020 JAN 22 AM 8:05

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2019

JOYCE DOVE
ROTARY YOUTH CAMP
PO BOX 10426
TALLAHASSEE, FL 32302

SUBJECT: ROTARY YOUTH CAMP OF NORTH FLORIDA, INC.
Ref. Number: N94000005026

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00025895

2020 JUN 27 11:21

Florida Department of State
Division of Corporations

Please accept the attached

ARTICLE OF AMENDMENT

to change our officers. We have also enclosed \$35.00.

Sincerely,



Handwritten signature of Joyce Dove in black ink, featuring a stylized, cursive script.

Joyce Dove
Executive Director

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Rotary Youth Camp of North Florida Inc
DOCUMENT NUMBER: N 94 000000 5026

Enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joyce Dove
(Name of Contact Person)

Rotary Youth Camp of North Florida Inc
(Firm/ Company)

PO Box 10426
(Address)

Tallahassee FL 32302
(City/ State and Zip Code)

campryc@gmail.com
E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

Joyce Dove at 850-328-0302
(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:

- ☒ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Rotary Youth Camp of North Florida, Inc.

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

N 94 000005026

(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:

If amending name, enter the new name of the corporation:

n/a

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.

Enter new principal office address, if applicable:

n/a

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

Mailing address MAY BE A POST OFFICE BOX)

2020 JAN 22

AM 8:05

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:

n/a

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added: (Use one line for each additional sheet, if necessary)

Use the officer/director title by the first letter of the office title:

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 title. 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:
Change PT John Doe
Remove V Mike Jones
Add SV Sally Smith

Type of Action (Check One) Title Name Address

<input type="checkbox"/> Change	<u>PC</u>	<u>Lee Garner</u>	<u>115 Linden</u>
<input type="checkbox"/> Add			<u>Chattahoochee, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32324</u>
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Page 2 of 4

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

(Use one line for each additional sheet, if necessary). (Be specific)

N/A

Date of each amendment(s) adoption: 10/1/2019, if other than the date this document was signed.

Effective date if applicable: 1/1/2020
(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records.

Method of Amendment(s) (CHECK ONE)

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

11/1/2020

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)

Tonya S Chauis

(Typed or printed name of person signing)

Treasurer

(Title of person signing)