## N96000000042

(Requestor's Name)			
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		
	1.1	Ó	

Office Use Only



900252913619

10/30/13--01011--016 \*\*52.50

13 0CT 30 AN III: 3

max //an

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

_		
NAME OF CORPORATION: Wycliffe (	Charities Fo	undation, Inc.
DOCUMENT NUMBER: N9600000	042	
The enclosed Articles of Amendment and fee are sub	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Susan Webber		
	(Name of Contact Person	n)
Wycliffe Charities Found	ation, Inc.	
	(Firm/ Company)	
4650 Wycliffe Country C	lub Blvd.	
	(Address)	
Wellington, Florida 3344	9	
	(City/ State and Zip Cod	e)
wycliffecharities@		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Susan Webber	<sub>at (</sub> 561	357-9334
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	urtment of State:
□ \$35 Filing Fee   □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address Iment Section
Division of Corporations		n of Corporations
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

vvycliπe Charities Foundation, i	inc.	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
N96000000042		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
N/A		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation" or "incorporated" or the	
B. Enter new principal office address, if applicable	<sub>e:</sub> N/A	
(Principal office address <u>MUST BE A STREET AD</u>		THE RESIDENCE OF THE PROPERTY
C. Enter new mailing address, if applicable:	ov. N/A	CT 30
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>0x</u> )	o h
D. If amending the registered agent and/or registe	and affice address in Florida, outout	he name of the
new registered agent and/or the new registered		ne name of the
Name of New Registered Agent: N/A	W 1777 W 1884 W 18	
New Registered Office Address:	(Florida street address)	
	T.	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.		gations of the position.
Signature	of New Registered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an
it amending the Othicers and/or Directors, enter the title and hame of each officer/director being removed and title, hame, an
address of each Officer and/or Director being added:
address of their officer and/or Director being address.

(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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<del></del>		
Remove 2) Change			
Add			
3 ) Change Add			
Remove 4) Change	-		
Add Remove			
5) Change Add			
Remove 6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Article III - Purpose and Powers				
The purpose of the Foundation is to raise funds through activities				
such as, but not limited to, golf and tennis tournaments, card parties				
and direct donations. All funds less expenses shall be distributed				
to not for profit Fire, Police, Health and Educational institutions				
located exclusively in Palm Beach County, Florida and which are not				
affiliated with any nationwide organizations. In addition Wycliffe				
Charities may grant a scholarship(s) to an employee and/or a child				
of an employee of Wycliffe Golf and Country Club.				

The date	, if other than the	
Effe	ctive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Ada	option 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 10/24/2013 Signature Lesson Wether	
	(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 Webber	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	