

N960000004905

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SECRETARY OF STATE  
TALLAHASSEE, FL

AP

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Coastal Bay Properties, Inc.

DOCUMENT NUMBER: N96000004905

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

Please return all correspondence concerning this matter to the following:

Wilma Williams

(Name of Contact Person)

Coastal Bay Properties, Inc.

(Firm/ Company)

5508 N. 50th Street, Suite 7

(Address)

Tampa FL 33610

(City/ State and Zip Code)

wilma.williams@thap-inc.org

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

For further information concerning this matter, please call:

Wilma Williams

813

626-4926

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 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

Coastal Bay Properties, Inc.

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

N96000004905

(Document Number of Corporation (if known))

2024 AUG 16 AM 7:16

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

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)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change <u>    </u> Add	<u>    C    </u>	<u>Dr. Theresa Lewis</u>	<u>5508 N. 50th St., Suite 7</u> <u>Tampa FL 33610</u>
<u>    </u> <u>x</u> Remove			
2) <u>    </u> Change <u>    </u> Add	<u>    BM    </u>	<u>Nhari Fitzgerald</u>	<u>5508 N. 50th St., Suite 7</u> <u>Tampa FL 33610</u>
<u>    </u> <u>x</u> Remove			
3) <u>    </u> <u>x</u> Change <u>    </u> Add <u>    </u> Remove	<u>    C    </u>	<u>Ingrid D. Young</u>	<u>5508 N. 50th St., Suite 7</u> <u>Tampa FL 33610</u>
4) <u>    </u> <u>x</u> Change <u>    </u> Add <u>    </u> Remove	<u>    VC    </u>	<u>Zacharry Wilson</u>	<u>5508 N. 50th St., Suite 7</u> <u>Tampa FL 33610</u>
5) <u>    </u> <u>x</u> Change <u>    </u> Add <u>    </u> Remove	<u>    T    </u>	<u>Leerone Benjamin</u>	<u>5508 N. 50th St., Suite 7</u> <u>Tampa FL 33610</u>
6) <u>    </u> Change <u>    </u> <u>x</u> Add <u>    </u> Remove	<u>    BM    </u>	<u>Norman Harris</u>	<u>5508 N. 50th St., Suite 7</u> <u>Tampa FL 33610</u>

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

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

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**The date of each amendment(s) adoption:** \_\_\_\_\_, if other than the date this document was signed.

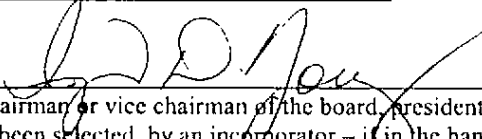
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

☐ 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 August 29, 2024

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)

Ingrid D. Young

(Typed or printed name of person signing)

Chairwoman

(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2024

WILMA WILLIAMS  
5508 N. 50TH ST.  
SUITE 7  
TAMPA, FL 33610

SUBJECT: COASTAL BAY PROPERTIES, INC.  
Ref. Number: N96000004905

8/16/2024  
PM

We have received your document for COASTAL BAY PROPERTIES, 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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 524A00017509