

N97000005035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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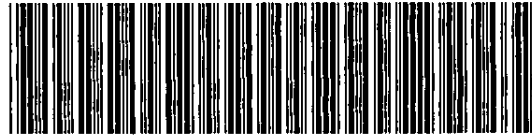
(Business Entity Name)

(Document Number)

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Amend.

12-18-12

DC

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC.

DOCUMENT NUMBER: N97000005035

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

Please return all correspondence concerning this matter to the following:

RUTH HUBING

Name of Contact Person

PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Firm/ Company

1048 Goodlette Rd #201

Address

NAPLES, FL 34102

City/ State and Zip Code

PASFI @ AOL. Com

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

For further information concerning this matter, please call:

RUTH L. HUBING

Name of Contact Person

at ( 239 ) 417-3465

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)

Check # 1076  
dated 4/28/12  
mailed 4/28/12

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



**FLORIDA DEPARTMENT OF STATE  
Division of Corporations**

December 5, 2012

**RUTH L. HUBING  
PARKINSON ASSOCIATION OF SOUTHWEST FL.  
1048 GOODLETTE ROAD #201  
NAPLES, FL 34102**

**SUBJECT: PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC., A  
CHAPTER OF THE NATIONAL PARKINSON FOUNDATION  
Ref. Number: N97000005035**

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

**Darlene Connell  
Regulatory Specialist II**

**Letter Number: 112A00028818**

Articles of Amendment  
to  
Articles of Incorporation  
of

Parkinson Association of Southwest Florida, Inc. a chapter of the National  
(Name of Corporation as currently filed with the Florida Dept. of State) Parkinson Foundation

N97000005035

(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:

Parkinson Association of Southwest Florida, 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)

1048 Goodlette Rd #201

Naples, FL 34102

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

As Above

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: Edward E. Wollman (unchanged)

2235 Venetian Ct. #5 (changed)

(Florida street address)

New Registered Office Address:

Naples

(City)

Florida 34109

(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

12 DEC 17 AM 9:15

FILED

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	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

Article VI Section D.

Upon the dissolution of the organization, Assets shall be  
distributed for one or more exempt purposes within the  
meaning of 501(c)3 of the Internal Revenue Code, or  
Corresponding section of any future federal tax code, or shall  
be distributed to the federal government, or to a state or  
local government, for a public purpose. Any such assets not  
disposed of shall be disposed of by the Court of Common  
Pleas of the county in which the principal office of the  
organization is then located, exclusively for such purposes  
or to such organization or organizations, as said Court  
shall determine, which are organized and operated exclusively  
for such purpose.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: August 11, 2007

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 11/28/12

Signature Ruth L. Hubing  
(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)

Ruth L. Hubing  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)