

N 79 000002513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

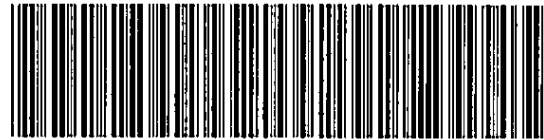
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
ATTORNEY GENERAL

2020 SEP 10 PM 12:54

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OCT 21 2020

M. SOLOMON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WEST CENTRAL CHAPTER, MILITARY OFFICERS ASSOCIATION  
OF AMERICA

DOCUMENT NUMBER: N99 00000 2813

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

Please return all correspondence concerning this matter to the following:

JIM ENGELAGE

Name of Contact Person

WEST CENTRAL CHAPTER, MILITARY OFFICERS ASSOCIATION  
OF AMERICA

Firm/ Company

9161 SOUTHERN COMFORT CT

Address

WEEKI WACHEE, FL 34613

City/ State and Zip Code

jengelage@tampabay.rr.com

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

For further information concerning this matter, please call:

JIM ENGELAGE

Name of Contact Person

at ( 352 ) 596-3950

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<br>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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2020 SEP 10 PM 12:54

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

WEST CENTRAL CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 99 000 00 2813

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

9161 SOUTHERN COMFORT CT  
WEEKI WACHEE, FL 34613

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

P.O. Box 3065  
SPRING HILL, FL 34611

**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

JIM ENGELAGE

9161 SOUTHERN COMFORT CT

(Florida street address)

New Registered Office Address:

WEEKI WACHEE

Florida 34613

(City)

(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.

Jim Engelage

Signature of New Registered Agent, if changing

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

P

CAROL BURGESS

7579 HIGHWAY ST  
BROOKSVILLE FL 34613

☐ Add

☒ Remove

2) ☐ Change

T

RONALD LEE THORNTON

P.O. Box 6418

☐ Add

SPRING HILL FL 34611

3) ☒ Remove  
☐ Change

P

JIM ENGELAGE

9161 SOUTHERN COMFORT CT  
WEEKI WACHEE, FL 34613

☒ Add

☐ Remove

4) ☐ Change

T

ERIC SANGVIC

4009 BLUEFISH DR

☒ Add

HERNANDO BEACH, FL 34607

☐ Remove

5) ☐ Change

S

KATHLEEN SMITH

9129 PENELPHE DR

☒ Add

WEEKI WACHEE, FL 34613

☐ Remove

6) ☐ Change

D

RICHARD KELL

11736 WHEATFIELD Lf  
HUDSON, FL 34667

☒ Add

☐ Remove

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CLERK OF SUPERIOR COURT  
HALL COUNTY, FLORIDA

**E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:**

☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

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The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

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The additional qualifications of Benefit Director(s), if any, are as follows:

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The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(Include attachment if necessary)

☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

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The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

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**F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:**

☒ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The public benefit for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Include attachment if necessary)

☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

\_\_\_\_\_  
\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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CLERK OF DISTRICT COURT  
JANUARY 10 11:00 AM

[illegible]

2020 SEP 10 PM 12:54

[illegible]

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

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/6/2020

Signature Carol A. Burgess

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CAROL A. Burgess  
(Typed or printed name of person signing)

President  
(Title of person signing)

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CLERK OF SUPERIOR COURT  
COUNTY OF ORANGE

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