

N99000003582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

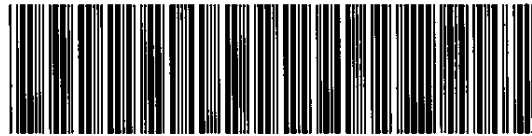
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700156070167

05/18/09--01008--013 **35.00

NE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 16 AM 10:55

T Roberts JUN 17 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2009

RONALD PHILLIPS
F.F.R.A.
PO BOX 470
LECANTO, FL 34460-0470

SUBJECT: FAMILIES & FRIENDS OF RETARDED ADULTS IN CITRUS
COUNTY, FLORIDA, INC.
Ref. Number: N99000003582

We have received your document for FAMILIES & FRIENDS OF RETARDED
ADULTS IN CITRUS COUNTY, FLORIDA, 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 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.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 909A00017379

RECEIVED
2009 JUN 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Families & Friends of Retarded Adults
in Citrus Co.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Ronald Phillips
Name of Contact Person

F.F.R.A.
Firm/ Company

P.O. Box 470
Address

Lecanto, FL 34460-0470
City/ State and Zip Code

twmick1usa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Phillips at (352) 382-7819
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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Families & Friends of Retarded Adults in Citrus County,
(Name of Corporation as currently filed with the Florida Dept. of State) Florida, Inc.

(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:

Families & Friends Reaching for the Abilities, 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)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

NA

New Registered Office Address:

(Florida street address)

NA

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 16 AM 10:56

(Attach additional sheets, if necessary)

NA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

NA

[illegible]

The date of each amendment(s) adoption: May 8th 2009

Effective date if applicable: May 8th 2009
(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 6-12-09

Signature Ronald J. Phillips
(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)

Ronald J. Phillips
(Typed or printed name of person signing)

President
(Title of person signing)