

N 51033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

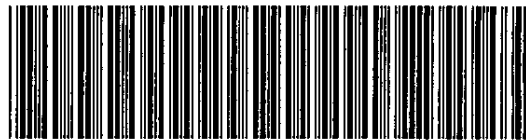
(Business Entity Name)

(Document Number)

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17 JUN -2 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 14 2017

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2017

HABITAT FOR HUMANITY OF CITRUS COUNTY INC  
PO BOX 1041  
CRYSTAL RIVER, FL 34423

SUBJECT: HABITAT FOR HUMANITY OF CITRUS COUNTY INC.  
Ref. Number: N51033

We have received your document for HABITAT FOR HUMANITY OF CITRUS COUNTY 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Valerie Herring  
Regulatory Specialist III

Letter Number: 217A00009592

RECEIVED

17 JUN -2 PM 5:29

DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HABITAT FOR HUMANITY CITRUS Cty

DOCUMENT NUMBER: NS1033

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

PO BOX 1041  
(Address)

CRYSTAL RIVER FL 34423  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Contact Person) at \_\_\_\_\_  
(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)

**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  
HABITAT FOR HUMANITY OF CITRUS COUNTY INC.

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

N 51033

(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:

n/a 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**)

n/a

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

P. O. Box 1041  
Crystal River, FL. 34423

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:

n/a

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.*

n/a

Signature of New Registered Agent, if changing

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TALLAHASSEE 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1)  Change      CHAIRMAN      LINDA DIXY      3334 W PEBBLE BEACH CT  
 Add      \_\_\_\_\_      \_\_\_\_\_      LELAND FL 34461  
 Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

2)  Change      CHAIR      CINDY CLARK      101 SE WYK 19  
 Add      PERSON      \_\_\_\_\_      CRYSTAL RIVER FL 34429  
 Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

3)  Change      VICE      ROBERT BONOMO      2455 N CITRUS HILL BLVD  
 Add      CHAIR      \_\_\_\_\_      HERNANDO FL 34442  
 Remove      PERSON      \_\_\_\_\_      \_\_\_\_\_

4)  Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Add      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Remove      ALL OTHERS THE SAME      \_\_\_\_\_      \_\_\_\_\_

5)  Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Add      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

6)  Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Add      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_



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)

**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.

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

5/31/17

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)

E. George Rusace

(Typed or printed name of person signing)

President

(Title of person signing)