# 717857

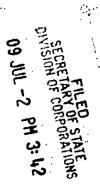
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June 30, 2009

#### **VOCATIONAL TRAINING PROGRAMS**

Certified by the State of Florida Commission for Independent Education

**Culinary Arts** Janitorial/Environmental Training Services

**PROGRAMS** 

CWM Feeding Program

Transitional Housing Program **Drop-In Day Center** Clara's At The Cathedral Training Café **Ashley Street Catering** 

**CWM Historical Museum** 

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JU'COBY PITTMAN-PEELE

Ms. Karon Byers

Amendment Section

**Division of Corporations** 

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: 717857

Dear Ms. Byers:

Per our conversation. Enclosed is a check for \$35 filing fee, for Clara White Mission, Amendment Application for processing. Thank you for advising, in our efforts to get this information filed immediately. If you have any questions, please call me at (904) 612-8758 or e-mail

ipittman@clarawhitemission.org.

Sincerely

Ju'Coby Pittman

CEO/President

Clara White Mission

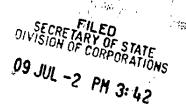
### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: Clara White N                        | Mission       | <del></del>                                    |                                    |   |
|-------------------------|--|---------------|--|------------------------------------|---|
| DOCUMENT NUM            | BER: 717857                                  |               |  |                                    |   |
| The enclosed Articles   | of Amendment and fee are sul                 | bmitted fo    | r filing.                                      |                                    |   |
| Please return all corre | spondence concerning this mat                | ter to the    | following                                      | •                                  |   |
| <del></del>             |  | oby Pittr     |  |                                    |   |
|                         | (Name of                                     | Contact       | Person)  |                                    |   |
|                         | Clara Wh                                     | nite Miss     | ion, Inc.                                      |                                    |   |
|                         | (Firm  | n/ Compai     | ny)  |                                    |   |
|                         | 613 W.                                       | Ashley        | Street   |                                    |   |
|                         | (  | Address)      |  |                                    |   |
|                         | Jackso                                       | nville, F     | lorida   |                                    |   |
| <del></del>             |  | ite and Zip   |  |                                    |   |
|                         | vchambers@c                                  | arawhit       | emissio  | n.org                              |   |
| <del></del>             | E-mail address: (to be use                   | d for futu    | re annual                                      | report notification                | ation)  |
| For further information | on concerning this matter, pleas             | se call:      |  |                                    |   |
| Veronica Chambe         | ers  | at (          | 904  | ) 354-416                          | 32  |
| (Name                   | of Contact Person)                           |               | (Area (  | Code & Daytin                      | me Telephone Number)  |
| Enclosed is a check for | or the following amount made p               | payable to    | the Flori                                      | da Departmen                       | t of State:   |
|                         | ☐ \$43.75 Filing Fee & Certificate of Status | Certi<br>(Add | 3.75 Filir<br>fied Copy<br>itional co<br>osed) | ,                                  | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                         | ng Address                                   |               |  | Address                            |   |
|                         | idment Section ion of Corporations           |               |  | lment Section<br>on of Corporation | าทร   |
|                         | Box 6327                                     |               |  | Building                           | /   |
|                         | nassee, FL 32314                             |               |  | xecutive Cente                     | r Circle  |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



| Clara White Missi   | on                                  |                           |
|---|-------------------------------------|---------------------------|
| (Name of Corporation as currently filed with  | the Florida Dept. of Stat           | <u>te</u> )               |
| 717857  |                                     |                           |
| (Document Number of Corpora   | tion (if known)                     |                           |
| Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not For Pr</i> o | ofit Corporation adopts   |
| L. If amending name, enter the new name of the corporation  | on:                                 |                           |
| Clara White Mission   | , Inc.                              |                           |
| The new name must be distinguishable and contain the word<br>abbreviation "Corp." or "Inc." <u>"Company" or "Co." may no</u>  |                                     | rporated" or the          |
| 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)                                       | N/A                                 |                           |
| D. If amending the registered agent and/or registered offic   |                                     | er the name of the        |
| new registered agent and/or the new registered office ac  | <u>ldress:</u>                      |                           |
| Name of New Registered Agent:   | N/A                                 | <del>-</del>              |
| New Registered Office Address: (Flo   | rida street address)                | <del></del>               |
|   |                                     | _, Florida                |
|   | (City)                              | (Zip Code)                |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I amposition.   | Agent: a familiar with and accep    | ot the obligations of the |
| Cionatana of Na   | w Registered Agent if cha           | nging                     |

## 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)

| <u>Title</u>                          | <u>Name</u>                                       | <u>Address</u>  | Type of Action |
|---------------------------------------|---|---|----------------|
|                                       |   |   |                |
|                                       |   |   |                |
|                                       | <del>, , , , , , , , , , , , , , , , , , , </del> |   |                |
| (attach ad                            | lditional sheets, if necessary,                   | rticles, enter change(s) here: ). (Be specific) ne to Clara White Mission, Inc. b | y adding Inc.  |
|                                       |   |   |                |
| Approx.                               |   |   |                |
|                                       |   |   |                |
|                                       |   |   |                |
|                                       |   |   |                |
| · · · · · · · · · · · · · · · · · · · |   |   |                |
|                                       |   |   |                |

| The date of each amendment                           | t(s) adoption: 5/21/09  |
|--|---|
| Effective date <u>if applicable</u> :                | (date of adoption is required)  |
| •  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                             | (CHECK ONE)   |
| The amendment(s) was/we was/were sufficient for app  | re adopted by the members and the number of votes cast for the amendment(s) roval.  |
| There are no members or radopted by the board of dir | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.  |
| Dated May  | <u>/</u> 21, 2009   |
| Signature  | Ron Mulbert   |
| hav  | the chairman or vice chairman of the board, president or other officer-if director e not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary) |
|  | Ju'Coby Pittman  (Typed or primed name of person signing)   |
|  | (The Colombia)  |
|  | (Title of person signing)   |

Page 3 of 3