

NO80000006895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

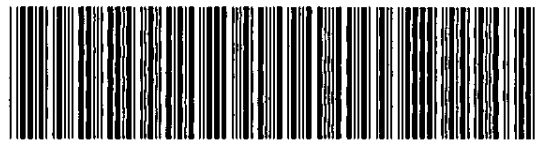
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB -2 PM 3:44

Amend
@ 2/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

JEAN RIBAUT SR. HIGH SCHOOL CLASS OF '79
NAME OF CORPORATION: ALUMNI ASSOCIATION INCORPORATED

DOCUMENT NUMBER: N08000006895

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

Please return all correspondence concerning this matter to the following:

ALFRED FLOYD
(Name of Contact Person)

JRSHS C/O '79 ALUMNI ASSOCIATION, INC.
(Firm/ Company)

P.O. BOX 18535
(Address)

JACKSONVILLE, FL 32229-8535
(City/ State and Zip Code)

For further information concerning this matter, please call:

ALFRED FLOYD at (904) 548-1589
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB -2 PM 3:44

Articles of Amendment
to
Articles of Incorporation
of
JEAN RIBAUT SR. HIGH SCHOOL CLASS OF '79 ALUMNI
ASSOCIATION INCORPORATED
(Name of Corporation as currently filed with the Florida Dept. of State)
N08000006895
(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:

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.

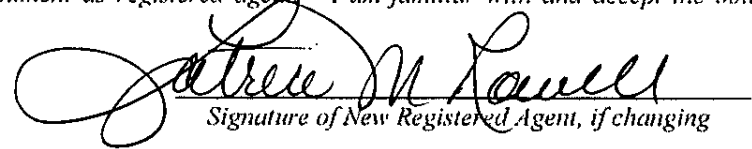
B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)* P.O. BOX 18535
JACKSONVILLE, FL 32229-8535

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: LATRECE ROWELL
New Registered Office Address: 1747 SHORE VIEW DR W
(Florida street address)
JACKSONVILLE, Florida 32218
(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.


Signature of New Registered Agent, if changing

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>	<u>Type of Action</u>
<u>P</u>	<u>COLEMAN, NELSON</u>	<u>10152 CARRIAGE HOUSE CT</u> <u>JACKSONVILLE, FL</u> <u>32221</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>BENNETT-BRASBY, SHARON</u>	<u>5035 FREDRICKBURG AV</u> <u>JACKSONVILLE, FL</u> <u>32208</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC</u>	<u>MCTEER-SMITH, CHERYL</u>	<u>4049 LEONNIE RD</u> <u>JACKSONVILLE, FL</u> <u>32208</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

ADDING THE FOLLOWING OFFICERS:

PRESIDENT - ALFRED FLOYD P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

VP - MICHAEL PAYNE P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

SEC - LATRECE ROWELL P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

CHANGING THE ADDRESS OF THE FOLLOWING OFFICER:

TREASURER - JOY WATERS-GREGORY P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

The date of each amendment(s) adoption: NOVEMBER 10, 2009

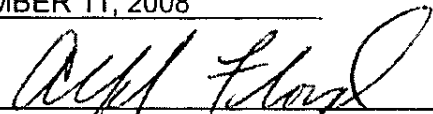
Effective date if applicable: NOVEMBER 10, 2009
(no more than 90 days after amendment file date)

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 NOVEMBER 11, 2008

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)

ALFRED FLOYD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



Item to be Paid - Description
 Florida Dept. of State
 Healing BALM Ministries, Inc.
 2099

Other Expense
 Amount Paid 35.00

Check Number: 2099
 Check Date: Jan 22, 2009
 Duplicate
 Check Amount: \$35.00
 Discount Taken

⑆002099⑆⑆053000021⑆2000007259218⑆

MEMO

ORDER TO THE

Florida Dept. of State
 PO Box 6327
 Tallahassee, FL 32314

Pay to the order of: N08000006895
 Thirty-five and 00/100 Dollars

James M. Lewis

Duplicate

Dollars
 *****\$35.00
 Jan 22, 2009

REFERENCE	DATE	CHECK NO.	AMOUNT
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WACHOVIA ACH RT 063000021 Jacksonville, FL	63-2	630	2099
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Healing BALM Ministries, Inc.
 P.O. Box 640
 Yulee, FL 32041-0640
 (904)548-0055



Item to be Paid - Description
 Florida Dept. of State
 Healing BALM Ministries, Inc.
 2099

Other Expense
 Amount Paid 35.00

Check Number: 2099
 Check Date: Jan 22, 2009
 Duplicate
 Check Amount: \$35.00
 Discount Taken