

N15000007270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

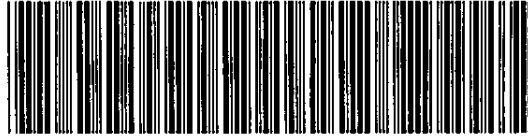
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
15 DEC -1 PM 2:55

DEC 3 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Air Race Education - Winter Haven

DOCUMENT NUMBER: N15000007270

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

Please return all correspondence concerning this matter to the following:

JoAnne Alcorn

(Name of Contact Person)

(Firm/ Company)

5 Eagles Nest

(Address)

Winter Haven FL 33881

(City/ State and Zip Code)

joannealcorn1@gmail.com

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

For further information concerning this matter, please call:

JoAnne Alcorn

317

514-0371

at

(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:

- | | | | |
|---|--|---|--|
| ☒ \$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

Air Race Education – Winter Haven
EIN #47-5033510

November 24, 2015

Internal Revenue Service
Exempt Organizations
P. O. Box 2508
Cincinnati OH 45201
Attn: Ginger Jones
Room 4504
Group 7830

RE: Information Request for Air Race Education – Winter Haven

Dear Ms. Jones,

In response to your request for additional information, I submit the following declaration:

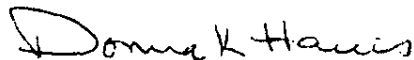
Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct and complete.

The Information Request stated in #2 that a copy of the organizing documents from the Florida website was enclosed, but no enclosure was found in your letter. At your request, I am enclosing a copy of the State of Florida Articles of Amendment application for your file. This amendment should address Items #2 and #3 on the Information Request.

Additionally, per Instructions for Form 1023, Page 7, "Bylaws may be considered an organizing document only if they are properly structured (includes name, purpose, signatures, and intent to form an organization)." Included in our original submission were the bylaws of this organization. We amended our bylaws, considered to be part of our organizing documents, on Page 1, Section 2.02, *Private Inurement; Dissolution*, to reflect the wording given on Page 7, Instructions for Form 1023.

Thank you for your assistance in this matter. Please let us know if you need additional information.

Respectfully,



Donna K. Harris
Vice President

Enclosures

Articles of Amendment
to
Articles of Incorporation
of

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DIVISION OF CORPORATIONS

15 DEC -1 PM 2:55

Air Race Education - Winter Haven

, Inc.

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

N15000007270

(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)

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:

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.

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)

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	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
2) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
3) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
4) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
5) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
6) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____

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

Dissolution: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purpose within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government or to a state or local government for a public purpose.

August 1, 2015

The date of each amendment(s) adoption: _____
date this document was signed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
if other than the

Effective date if applicable: _____

(no more than 90 days after amendment file date)

15 DEC -1 PM 2:55

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 November 24, 2015

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)

JoAnne Alcorn

(Typed or printed name of person signing)

President

(Title of person signing)