

N 00 000006131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

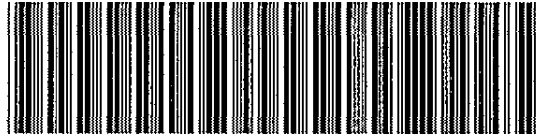
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400062380064

12/28/05--01040--012 **43.75

1/1/06

FILED
05 DEC 28 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2C
Ames

COVER LETTER

TO: Amendment Section -
Division of Corporations

NAME OF CORPORATION: Positive Thinkers Club of Tallahassee, Inc.

DOCUMENT NUMBER: N00000006131

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

Please return all correspondence concerning this matter to the following:

Helen G James-Powell

(Name of Contact Person)

(Firm/ Company)

2623 Gerald Drive

(Address)

Tallahassee, Florida 32310

(City/ State and Zip Code)

For further information concerning this matter, please call:

Helen G James-Powell

(Name of Contact Person)

at (850) 576 7810 or 488 0178

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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 32399

1/1/06

05 DEC 28 PM 3:18
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N0000000613I

(Attach additional pages if necessary)
(continued)

Article III - Purpose

The purpose for which the corporation is organized is:

The organization is organized exclusively for relief of the poor and distressed by developing skills and techniques through lecture series, discussions groups, workshops and retreats to attack stress and anxiety in the community to people whom can't afford to seek help.

Example of Lecture series:

1. The Power of Positive Thinking
2. Success, Motivations, and Attitudes
3. Laugh yourself back to health
4. Stress is No Joke
5. The Healing Power of Faith

Example of Workshops:

1. Mental & Physical relaxation techniques
2. Diet, Nutrition and Exercise
3. Stress Management
4. Goal Setting
5. Money Management

The **discussion groups** will consists of people who have gone through stress and anxiety (how they overcame it) and people currently going though it. People sharing their own experiences with stress and anxiety and coaching other through the process and changes.

The **retreats** will be all day on Saturday, and Bi-Yearly weekend retreats. The retreats will be for caregivers for the disabled and elderly, mothers, fathers, and singles. The retreat will give them a break from the everyday stresses in life, and a chance to relax and learn new techniques for dealing with stress and anxiety.

The date of adoption of the amendment(s) was: December 3, 2005

Effective date if applicable: January 1, 2006
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

Helen G. James-Powell

(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.)

Helen G. James-Powell

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE: \$35

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

R20030002376
RECORDED IN
PUBLIC RECORDS LEON CNTY
BK: R2793 PG: 010
JAN 09 2003 09:36
BOB INZER, CLERK OF COURT

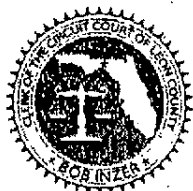
2002 ML 062019

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) LAVERN (NMN) POWELL			2. DATE OF BIRTH (Month, Day, Year) 05/28/1951	
3a. RESIDENCE - CITY, TOWN, OR LOCATION TALLAHASSEE		3b. COUNTY LEON		3c. STATE FLORIDA
5a. BRIDES NAME (First, Middle, Last) HELEN GAIL JAMES			5b. MAIDEN SURNAME (if different) SAME	
7a. RESIDENCE - CITY, TOWN, OR LOCATION TALLAHASSEE			7b. COUNTY LEON	
			7c. STATE FLORIDA	
			8. DATE OF BIRTH (Month, Day, Year) 11/23/1952	
			8. BIRTHPLACE (State or Foreign Country) FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Lavern Powell</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/23/2002	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Bob Inzer</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Helen Gail James</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/23/2002	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Bob Inzer</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.



17. COUNTY ISSUING LICENSE LEON		18. DATE LICENSE ISSUED 12/23/2002		18a. DATE LICENSE EFFECTIVE 12/23/2002		19. EXPIRATION DATE 02/24/2003	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Bob Inzer</i>				20b. TITLE BOB INZER CLERK OF THE CIRCUIT COURT		20c. BY D.C. RAD	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) JAN. 1, 2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE TALLAHASSEE, FL.	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Solomon Williams</i>		23c. ADDRESS (of person performing ceremony) 442 MLK Streets, Fla.	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) SOLOMON WILLIAMS, PASTOR		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Min. James W. Brown</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Ramona Powell</i>	

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



STATE OF FLORIDA, COUNTY OF LEON

I HEREBY CERTIFY that the above and foregoing is a true and correct copy a Marriage Record recorded in my office on the 9th day of Jan A.S. 20 03 recorded in Marriage Book 2793 at page 1053 WITNESS my hand and official seal this 9th day of January A.D. 20 03
BOB INZER, Clerk of Circuit Court