

ND20000004033

1955 S US 1 STE C-2  
ST AUGUSTINE, FL 32086

(Address)

(Address)

(City/State/Zip/Phone #)

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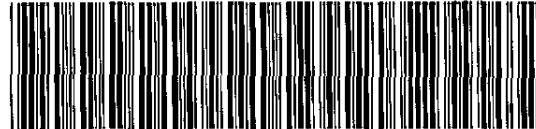
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09/08/05--90073--020 \*\*95.35

FILED  
05 DEC -2 PM 3:55  
TALLAHASSEE, FLORIDA

Amend + N/C  
SF

Articles of Amendment  
to  
Articles of Incorporation  
of

FRIENDS OF MENTAL HEALTH OF ST. JOHNS  
(Name of corporation as currently filed with the Florida Dept. of State) County Florida,  
Inc.

03-044454  
(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:

**NEW CORPORATE NAME (if changing):**

FRIENDS OF HEALTH & HUMAN SERVICES of ST. JOHNS  
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) County  
Florida, Inc.

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Articles II & III see attached

FILED  
05 DEC -21 PM 3:55  
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: 8-26-05

Effective date if applicable: \_\_\_\_\_  
(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.

Signed this 6th day of Sept., 2005.

Signature Betty Goyings  
(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.)

BETTY GOYINGS  
(Typed or printed name of person signing)

VICE PRES.  
(Title of person signing)

FILING FEE: \$35

del

## **ARTICLES OF INCORPORATION**

### **ARTICLE I NAME**

The name of the corporation shall be Friends of Mental Health of St. Johns County Florida, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be St. Johns County Mental Health Department, 1955 S. U.S. 1, Suite C-2, St. Augustine, Fl. 32086

### **ARTICLE III PURPOSE**

Friends of Mental Health of St. Johns County, Inc. is being established to enhance and complement the services provided by St. Johns County Mental Health Department. Funding of programs for these patient populations is always inadequate and needed services discontinued due to financial constraints. Negative publicity leads the public to believe that far too much is being wasted on programs and the individuals in these programs.

The formation of this corporation will focus on fund raising and public education. Funds raised through these efforts will allow a holistic approach to the treatment of the mentally of the County when budget cuts occur that cause a lack of funding for needed programs.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are chosen will be by election; in accordance with the By-Laws of the Corporation.

### **ARTICLE V INITIAL DIRECTORS**

Section 1. The directors of this corporation shall be a President, Vice-President, Secretary and Treasurer.

Section 2. The names of the persons who are to serve as directors of the corporation until the first meeting of the Board of Directors are: President: Betty Goyings; Vice President: Debbie Dungan; Secretary: Lydia Holly; Treasurer: Nancy Wilson.

### **ARTICLE VI REGISTERED AGENT**

The registered agent of the corporation is Nancy Wilson, 1955 U.S. 1 S., St. Augustine, Fl. 32086.

Changes  
**ARTICLES OF INCORPORATION**

**ARTICLE I - NAME**

The name of the corporation shall be Friends of Health & Human Services of St. Johns County Florida, Inc.

**ARTICLE II - PRINCIPLE OFFICE**

The principal place of business and mailing address of this corporation shall be St. Johns County ~~Mental Health Department~~, 1955 U.S. 1 S., Suite C-2, St. Augustine, Fl. 32086.

HEALTH & HUMAN SERVICES

**ARTICLE III - PURPOSE**

The purpose of Friends of Health & Human Services of St. Johns County, Inc. is to enhance the basic living level of indigent populations receiving services from the St. Johns County Health and Human Services Department. St. Johns County Health and Human Services Department is comprised of the Mental Health/Substance Abuse Treatment Division, the Social Services Division, the Child Welfare Division and the Community ~~Resource~~ Division.

RESOURCE

Funding of programs for these patient populations is always inadequate and needed services are at times discontinued due to financial constraints. Negative publicity leads the public to believe that far too much is being wasted on programs and the individuals in these programs.

This corporation will focus on fund raising and public education. Funds raised through these efforts will allow a holistic approach to the treatment of indigent populations in St. Johns County when budget cuts occur that cause a lack of funding for needed programs. Providing educational enhancements for the populations served through the St. Johns County Health and Human Service Department is also a priority for this organization.

**ARTICLE IV - MANNER OF ELECTION**

The manner in which the directors are chosen will be by election; in accordance with the By-laws of the Corporation.

**ARTICLE V - INITIAL DIRECTORS**

The directors of this corporation shall be a President, Vice-President, Secretary and Treasurer.

**ARTICLE VI - REGISTERED AGENT**

The registered agent of the corporation is Nancy Wilson, 1955 U.S. 1 S., St. Augustine, Fl. 32086.