

No 40000001887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

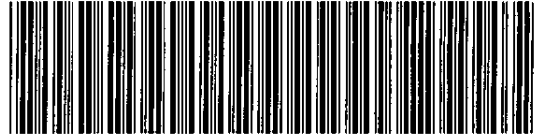
(Business Entity Name)

(Document Number)

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*None Change*  
*E. Amner*

08/05/09--01015--021 \*\*52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG 20 PM 3:17

FILED

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*8/21/09*  
*\*00789, 01149, 00707, 00671*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Admiral Handicapped Suba Adventures, Inc.

DOCUMENT NUMBER: NO 4000001887

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

Please return all correspondence concerning this matter to the following:

Gail Jordan  
Name of Contact Person

Blue Water Surrender INC.  
Firm/ Company

PO Box 439  
Address

Tavernier FL 33070  
City/ State and Zip Code

gg1031@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Jordan at ( 305 ) 587-7144  
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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2009

Gail Gordon  
Bluewater Surrender Inc.  
P.O. Box 439  
Tavernier, FL 33070

SUBJECT: ADMIRAL HANDICAPPED SCUBA ADVENTURES, INC.  
Ref. Number: N04000001887

We have received your document for ADMIRAL HANDICAPPED SCUBA ADVENTURES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 209A00027366

RECEIVED  
2009 AUG 20 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Admiral Handicapped Subg Adventure Inc.

(Name of Corporation as currently filed with the Florida Dept. of ~~RECORDS~~ SECRETARY OF STATE  
TALLAHASSEE, FLORIDA)

NO 4 000 00 1887

(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:

Blue Water Surrender Inc.

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)

161 Georgia Ave  
Tavernier FL  
33070

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 439  
Tavernier FL  
33070

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:

Gordon, Jai L

New Registered Office Address:

161 Georgia Ave.  
(Florida street address)

Tavernier  
(City)

Florida FL  
(Zip Code)

33070

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.

Jai L Gordon

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>
ST <u>D</u>	Theodore Gordon, <del>Simon</del>	<del>1 Harbor Street Dr</del> PO 439 Tavernier Fl 33070	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	Jimenez, Roberto	177 Hibiscus Tavernier Fl 33070	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	Simon, Marlin	243-Hibiscus St Tavernier Fl 33070	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

**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>D</u>	<u>Gordon, Susan</u>	<u>1 Harbor Shores Dr</u> <u>Key Largo FL</u> <u>33037</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Silva, Eugenio R.</u>	<u>4705 S.W. 72 Ave</u> <u>Miami FL</u> <u>3315</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Fiske, Allen</u>	<u>1000 15th Ave W</u> <u>Bradenton FL</u> <u>34205</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)

Article I new name is " Blue water Surrender Inc. "

Article II Principle office mailing PO 439  
Tavernier FL  
33070

physical 161 Georgia Ave  
Tavernier FL 33070

Article IV - A attached

Article VIII attached - Registered Agent Change

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The highlighted section of Article IV- A shall read as follows

**Amending- Article IV-A**

This non-profit corporations primary purpose is to use sailing vessels as educational training platforms, in the execution of humanitarian relief efforts around the globe. It is dedicated to helping individuals improve their relationship with God while serving others. The corporations foundation is based o Biblical principles.

# **ARTICLES OF INCORPORATION**

(In Compliance with Chapter 617, F.S., (Not for Profit))

## **ARTICLE I. NAME**

The full name of the corporation shall be:  
**Admiral Handicapped Scuba Adventures, Inc.**

## **ARTICLE II. PRINCIPLE OFFICE**

The principal place of business and full mailing address of this corporation shall be:  
**1 Harbor Shores Road, Key Largo, FL 33037.**

## **ARTICLE III. TERM OF EXISTENCE**

This corporation shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

## **ARTICLE IV. PURPOSE**

- A) This corporation is a not-for-profit, public benefit corporation organized under Chapter 617, Florida Statutes—the Nonprofit Public Benefit Corporation Law for charitable and educational purposes. It is not organized for the private gain of any person.

This non-profit corporation's purpose is to provide a concrete, working example of how accessible water-related outdoor recreation can be seamlessly blended into local community recreational offerings, serve as an educational resource on matters related to accessible recreation (i.e. scuba diving, snorkeling, boating, fishing) for individuals with disabilities, their families & friends, and the general public; and act as a referral resource and/or network advocate for accessible outdoor recreation for individuals with disabilities. Special attention will be directed toward youth, minority, and low-income populations.

- B) This corporation is organized and operated exclusively for educational and charitable purposes, including, for such purposes, the making of distribution to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- C) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code, or (b) by a corporation, contributions to which are deductible under

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 7-24-09  
(date of adoption is required)

Effective date if applicable: 7-24-09  
(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 7-24-09

Signature William G. Gordon

(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)

William George Gordon  
(Typed or printed name of person signing)

Director AHSA  
(Title of person signing)