

N07000009837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

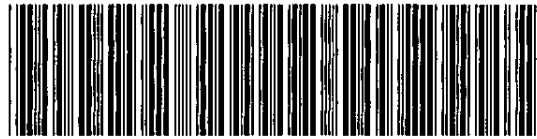
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08 DEC -3 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend 12/4/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2008

LOVIE WELLS, JR  
174 CONNECTICUT AVENUE  
FORT MYERS, FL 33905

SUBJECT: LOVIE WELLS, SR. EDUCATIONAL FOUNDATION,  
INCORPORATED  
Ref. Number: N07000009837

We have received your document for LOVIE WELLS, SR. EDUCATIONAL FOUNDATION, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes.

Minutes or corporate resolutions are not filed with the Division of Corporations and should be kept with the records of the corporation. Any changes that are being made to the articles of incorporation can be made by filing articles of amendment. Enclosed is an amendment form.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 208A00058233

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Lovie Wells Sr. Educational Foundation

**DOCUMENT NUMBER:** W07000046696

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

Please return all correspondence concerning this matter to the following:

Lovie Wells, Jr.

(Name of Contact Person)

(Firm/ Company)

174 Connecticut Avenue

(Address)

Fort Myers/Florida 33905

(City/ State and Zip Code)

For further information concerning this matter, please call:

Lovie Wells, Jr.

(Name of Contact Person)

at ( 239 ) 693-5598

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

**LOVIE WELLS, SR. EDUCATIONAL FOUNDATION, INCORPORATED**

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

**N07000009837**

(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*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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>
Mr.	Archie B. Hayward, Jr.	1949 High St. Fort Myers, Florida 33916	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mrs.	Nancy Simms	3130 St. Charles St. Fort Myers, Florida 33916	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Ms.	Frankie Jennings	2885 Palm Beach Blvd. Unit # A-602 Fort Myers, Florida 33905	<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)*

Article 4 is amended to provide for three additional Board members.

The additional Board members will serve four year terms.

The additional Board members are not relatives of Lovie Wells, Sr.

The current Board consists of eight members.

The date of each amendment(s) adoption: 9-15-08

Effective date if applicable:

*(no more than 90 days after amendment file date)*

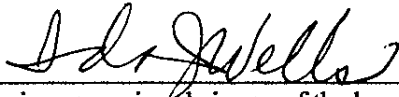
Adoption of Amendment(s)

**(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(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 11-15-08

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)

Ms. Ida J. Wells

(Typed or printed name of person signing)

Chairman of the Board of Directors

(Title of person signing)