

NO80000000887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

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800136197158

09/26/08--01050--011 **52.50

FILED

2008 OCT 10 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

10/13/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coalition for the Reduction/Elimination
OF ETHNIC DISPARITIES in Health (CREED)

DOCUMENT NUMBER: NO8060000887

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

Please return all correspondence concerning this matter to the following:

Jennett Baker

(Name of Contact Person)

Coalition for the Reduction/Elimination of Ethnic Disparities
in Health (Firm/ Company)

464126 SR ZOO

(Address)

JULEE, FLORIDA 32097

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jennett BAKER

(Name of Contact Person)

at (904) 321 2553

(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 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2008

COALITION FOR THE REDUCTION/ELIMINATION OF ETHNIC
DISPARITIES IN HEALTH, INC.
464122 STATE ROAD 200
YULEE, FL 32097

SUBJECT: COALITION FOR THE REDUCTION/ELIMINATION OF ETHNIC
DISPARITIES IN HEALTH, INC.
Ref. Number: N08000000887

We have received your document for COALITION FOR THE
REDUCTION/ELIMINATION OF ETHNIC DISPARITIES IN HEALTH, 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):

We are not sure if you are trying to amend or dissolve the corporation. If you are
trying to amend the corporation articles, the enclosed amendment form should
be completed. Return the dissolution form only if you are trying to close the
corporation.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 008A00052629

RECEIVED
2008 OCT 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Coalition for the Reduction/Elimination of Ethnic Disparities in Health, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

NO8000000887

(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):

NO change

(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)

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

ARTICLE X: DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon the dissolution of the organization assets shall be distributed for one or more exempt purposes 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. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

(Attach additional pages if necessary)
(continued)

FILED
2008 OCT 10 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: Sept. 8, 2008

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.

Signature

Jennett Baker

(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.)

Jennett Baker

(Typed or printed name of person signing)

President Executive Director

(Title of person signing)

FILING FEE: \$35