

NO80000006895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

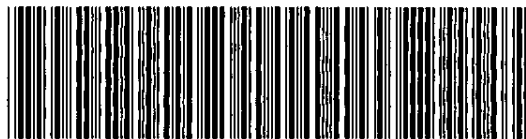
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB -2 PM 3:44

Amend
@ 2/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

JEAN RIBAUT SR. HIGH SCHOOL CLASS OF '79
NAME OF CORPORATION: ALUMNI ASSOCIATION INCORPORATED

DOCUMENT NUMBER: N08000006895

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

Please return all correspondence concerning this matter to the following:

ALFRED FLOYD

(Name of Contact Person)

JRSHS C/O '79 ALUMNI ASSOCIATION, INC.

(Firm/ Company)

P.O. BOX 18535

(Address)

JACKSONVILLE, FL 32229-8535

(City/ State and Zip Code)

For further information concerning this matter, please call:

ALFRED FLOYD

(Name of Contact Person)

at (904) 548-1589

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB -2 PM 3:44

Articles of Amendment
to
Articles of Incorporation
of
JEAN RIBAUT SR. HIGH SCHOOL CLASS OF '79 ALUMNI
ASSOCIATION INCORPORATED
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006895
(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)

P.O. BOX 18535
JACKSONVILLE, FL 32229-8535

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:

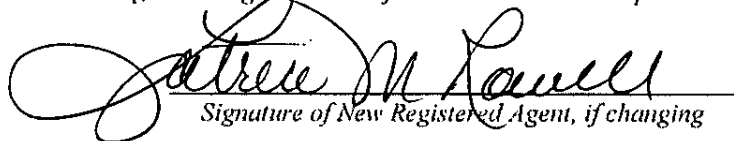
Name of New Registered Agent: LATRECE ROWELL

New Registered Office Address: 1747 SHORE VIEW DR W
(Florida street address)

JACKSONVILLE, Florida 32218
(City) (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

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>P</u>	<u>COLEMAN, NELSON</u>	<u>10152 CARRIAGE HOUSE CT</u> <u>JACKSONVILLE, FL</u> <u>32221</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>BENNETT-BRASBY, SHARON</u>	<u>5035 FREDRICKBURG AV</u> <u>JACKSONVILLE, FL</u> <u>32208</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC</u>	<u>MCTEER-SMITH, CHERYL</u>	<u>4049 LEONNIE RD</u> <u>JACKSONVILLE, FL</u> <u>32208</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)

ADDING THE FOLLOWING OFFICERS:

PRESIDENT - ALFRED FLOYD P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

VP - MICHAEL PAYNE P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

SEC - LATRECE ROWELL P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

CHANGING THE ADDRESS OF THE FOLLOWING OFFICER:

TREASURER - JOY WATERS-GREGORY P.O. BOX 18535

JACKSONVILLE, FL 32229-8535

The date of each amendment(s) adoption: NOVEMBER 10, 2009

Effective date if applicable: NOVEMBER 10, 2009

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

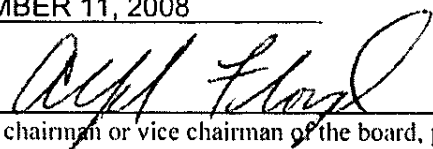
(CHECK ONE)

☒ 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 NOVEMBER 11, 2008

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)

ALFRED FLOYD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



Item to be Paid - Description
Other Expense
Amount Paid 35.00

Check Amount: \$35.00

Duplicate

Check Date: Jan 22, 2009

Check Number: 2099

Florida Dept. of State

Healing BALM Ministries, Inc.

2099

⑈002099⑈ ⑆053000021⑆ 2000007259218⑈

MEMO

Tallahassee, FL 32314

PO Box 6327

Florida Dept. of State

ORDER
OF

Thirty-five and 00/100 Dollars

Pay to: N08000006895

Duplicate

Dollars

Jan 22, 2009
*****\$35.00

REFERENCE DATE CHECK NO. AMOUNT

630

63-2

WACHOVIA
ACH RT 063000021
Jacksonville, FL

Healing BALM Ministries, Inc.
P.O. Box 640
Yulee, FL 32041-0640
(904)548-0055

2099



Item to be Paid - Description
Other Expense
Amount Paid 35.00

Check Amount: \$35.00

Duplicate

Check Date: Jan 22, 2009

Check Number: 2099

Florida Dept. of State