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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Zora Neale Hurston Florida Foundation, Inc

DOCUMENT NUMBER: N09000001809

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

Please return all correspondence concerning this matter to the following:

Jean L. Johansen

(Name of Contact Person)

Zora Neale Hurston Florida Foundation, Inc

(Firm/ Company)

2732 Sunrise Blvd

(Address)

Fort Pierce, FL 34982

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jean L. Johansen

(Name of Contact Person)

at ( 772 ) 579-1529

(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 &  
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☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
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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

ZORA NEALE HURSTON FLORIDA FOUNDATION, INC

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

N09000001809

(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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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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input 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 IX-NON PROFIT STATUS

NOT WITHSTANDING ANY OTHER PROVISIONS OF THESE ARTICLES, THE  
ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR ONE OR MORE OF THE  
PURPOSES AS SPECIFIED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE  
CODE OF 1986 AND SHALL NOT CARRY ON ANY ACTIVITIES NOT PERMITTED TO BE  
CARRIED ON BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX  
UNDER IRC 501(C)(3).

ARTICLE X-NONINUREMENT

NO PART OF THE NET EARNINGS OF THE ORGANIZATION SHALL INURE TO THE  
BENEFITSO F ANY MEMBERS, TRUSTEE, DIRECTOR, OR OFFICER OF THE  
ORGANIZATION, OR ANY PRIVATE INDIVIDUAL (EXCEPT THAT REASONABLE  
COMPENSATION MAY BE PAID FOR SERVICES RENDERED TO OR FOR THE  
ORGANIZATION) AND NO MEMBER, TRUSTEE, OR OFFICER OF THE ORGANIZATION,  
OR ANY PRIVATE INDIVIDUAL SHALL BE ENTITLED TO SHARE IN THE DISTRIBUTION  
OF ANY OF THE ORGANIZATION'S ASSETS UPON DISSOLUTION OF THE  
ORGANIZATION.

## **Article XI**

### **Dissolution**

**In the event of dissolution, all of the remaining assets and property of the organization shall after payment of necessary expenses thereof be distributed to such organizations as shall qualify under section 501 ( C)( 3) of the Internal Revenue Code of 1986, of corresponding provisions of any subsequent Federal tax laws, or to the Federal, State or Local government for a public purpose, subject to the approval of a Justice of the Supreme Court of the State of Florida.**

The date of each amendment(s) adoption: 8-23-10  
(date of adoption is required)

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 8/23/2010

Signature Jeanne Johansen  
(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)

JEANNE JOHANSEN  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)