

NO9000010463

(Requestor's Name)

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(City/State/Zip/Phone #)

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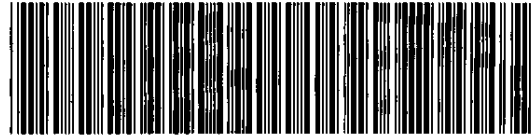
(Business Entity Name)

(Document Number)

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for  
8 cc  
9/16/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Imagine Schools-NAU Campus Parent Teacher Organi

**DOCUMENT NUMBER:** N09000010463

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

Please return all correspondence concerning this matter to the following:

Kimberly A Boyd  
(Name of Contact Person)

(Firm/ Company)

4402 SW Yamada Dr  
(Address)

Port St. Lucie, FL 34953  
(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Ann Boyd at ( 561 ) 351-0552  
(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:

☐ \$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

Imagine School- NAU Campus Parent Teacher Organization, Inc.

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

N09000010463

(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:

Kimberly A Boyd

New Registered Office Address:

4402 SW Yamada Dr

(Florida street address)

Port St Lucie

(City)

Florida 34953

(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.*

Kimberly A Boyd

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>
<u>S</u>	<u>Kristina Hawkins</u>	<u>4402 SW Yamada Dr</u> <u>Port St Lucie, FL 34953</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Melissa Chadwick</u>	<u>4402 SW Yamada Dr</u> <u>Port St Lucie, FL 34953</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>#3</u>	<u>Fredonna Williams</u>	<u>4402 SW Yamada Dr</u> <u>Port St Lucie, FL 34953</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 III

The purpose of this organization shall be to promote the welfare of Imagine Schools-  
NAU Campus and the students and teachers therein, to bring into closer relation the  
parents and the school and to support the activities and programs of the school through  
financial and/or voluntary support. The organization is organized exclusively for educational  
purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section  
of any future federal tax code.

See additional article attached

**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)*

**Title Name Address Type of Action**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Action</u>
<u>T</u>	<u>Kimberly A Boyd</u>	<u>4402 SW Yamada Dr</u>	<u>Add</u>
		<u>Port St Lucie, FL 34953</u>	
<u>S</u>	<u>Kristine West</u>	<u>4402 SW Yamada Dr</u>	<u>Add</u>
		<u>Port St Lucie, FL 34953</u>	

## **Article VIII**

In the event of the dissolution of the organization, a committee shall be immediately appointed by the organization to disburse all funds on hand within thirty days of the dissolution date. Such disbursement shall be for the benefit of the student body and school, under the laws of the State of Florida, and within the meaning of section 501 (c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code.

The date of each amendment(s) adoption: 10/27/2009  
(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 8/20/2010

Signature Kimberly A Boyd  
(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)

Kimberly A Boyd  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)