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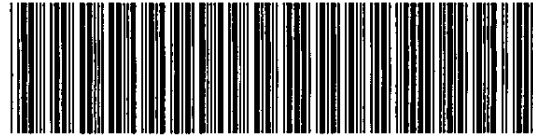
(Business Entity Name)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MAXINE DENICE DRAKE FOUNDATION INC.

DOCUMENT NUMBER: N 11 00000 2365

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

Please return all correspondence concerning this matter to the following:

THELMA MC GEACHY

(Name of Contact Person)

N/A

(Firm/ Company)

8460 NW 24th STREET

(Address)

SUNRISE, FL 33322

(City/ State and Zip Code)

maxinedenicedrake@gmail.com

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

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

THELMA MC GEACHY

(Name of Contact Person)

at 954 746-6786

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

MAXINE DENICE DRAKE FOUNDATION INC

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

N 11 00000 2365

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8460 NW 24th STREET  
SUNRISE, FL 33322

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:

THELMA MC GEACHY

8460 NW 24th STREET

(Florida street address)

New Registered Office Address:

SUNRISE

(City)

Florida 33322

(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.

x Thelma McGeachy  
Signature of New Registered Agent, if changing

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new inc.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|  |    |             |
|--|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe    |
| <input checked="" type="checkbox"/> Remove | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

| Type of Action<br>(Check One)  | Title | Name                 | Address   |
|--|-------|----------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | C     | Aston Douglas        | 10739 NW 19th Place<br>Coral Springs,<br>FL 33071 |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | S     | Lyn Cato             | 10728 Mandya Ct<br>Boynton Beach,<br>FL 33437     |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | C     | Claude Turnbull      | 8495 W. Commercial Blvd<br>Tamarac,<br>FL 33351   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | T     | Michelle Drake Brown | 7470 NW 42 Court<br>Lauderhill,<br>FL 33319       |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | D     | Andrew Wilks         | 8460 NW 24 St<br>Sunrise,<br>FL 33322             |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | VP    | Antoinette C. Clarke | 4625 Island Reef Dr<br>Wellington,<br>FL 33449    |

**Maxine Denice Drake Foundation Inc.**

**26-3363867**

The Maxine Deniece Drake Foundation Inc. is organized exclusively for charitable , religious, educational, and scientific purposes, including , for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**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 tax code, or shall be distributed to the federal government, or to a state or local government , for a public purpose. Any such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.

*Thelma McCreachy* 2-21-17

**Signature**

**Date**

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 2 - 21 - 17

Signature Thelma McGeachy  
(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)

Thelma McGeachy  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)