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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 30 AM 10:54

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T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Development Association of Florida Inc.

DOCUMENT NUMBER: N11000007539

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

Please return all correspondence concerning this matter to the following:

Edward Robinson

(Name of Contact Person)

Community Development Association of Florida Inc.

(Firm/ Company)

2179 Emerson Street

(Address)

Jacksonville, FL 32207

(City/ State and Zip Code)

BishopERobinson@yahoo.com

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

For further information concerning this matter, please call:

Edward Robinson at 904 993-3013

(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:

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

Community Development Association of Florida Inc.

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

N11000007539

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(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)

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<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)

The specific purpose of this corporation is to provide assisted living, adult day care, and transitional housing and shelter programs for the members of our community who are at risk of becoming homeless and/or are already homeless. Our mission is to provide a safe transitional home for seniors. Our program promotes growth in education, family care and social skills. The Corporation prepares these seniors ages (55 and up) to be successful as they transition into society with assistance. The program will provide individuals with outreach, assessment and intake process, transitional housing, individual and group counseling, family counseling, service linkages and basic life skills training. For the operation of low-income housing projects our program will provide decent, safe and sanitary housing and related facilities for the individuals. Our program will help with incidence of cost burden, crowding and substandard condition, and working with homeless families with children. Our program will address the incidence of income categories for special groups such as racial or ethnic group has a disproportionately greater need in comparison to the overall category. The needs of such groups must be separately considered. The Corporation is to offer services that empower each person with knowledge and resources to achieve greater self-identity, academic excellence, community involvement and balanced living. The target group will comprise of seniors to combat poverty and homelessness prevention. The program targets specific factors in each adult and family's environment (family, peers, and neighborhood) that contribute to anti-social behavior to help senior adults deal effectively with their senior care and HIV developmental problems. The program focuses on specific performance indicators with such measurable results as rehabilitation, outreach activities, crisis counseling education, self-sufficiency values, pre-employment training for participants, along with general anti-hunger and mental depression participation. Our program will require community participation to help with the development of our senior adult program, to rebuild the infrastructure in the community. Our program mandate is to support self-sufficiency for low-income seniors and individuals with disabilities. The objective of the program is to improve self-sufficiency measures of good citizenship and personal accountability. Our program provides positive structures for the senior individuals and are designed to have performance indicators and measurable outcomes; with leadership development services in all categories.

The date of each amendment(s) adoption: 10-23-12

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 10/23/12

Signature Edward Robinson
(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)

Edward Robinson
(Typed or printed name of person signing)

President
(Title of person signing)