

N11000008630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

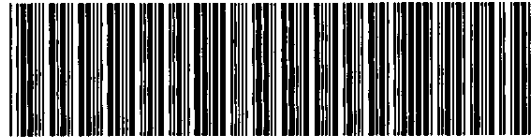
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 21 PM 12:54

Amend
Name chg
@ 2.21.12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Gabriel Alternative Suspension
Center Corporation

DOCUMENT NUMBER: N 1100000 8630

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

Please return all correspondence concerning this matter to the following:

JoAnn Hardy

(Name of Contact Person)

The Gabriel Corporation

(Firm/ Company)

3626 Turningwind Lane

(Address)

Winter Garden, FL 34787

(City/ State and Zip Code)

gabrielasc3@yahoo.com

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

For further information concerning this matter, please call:

JoAnn Hardy

(Name of Contact Person)

at (321) 948-4242

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2012

JO ANN HARDY
THE GABRIEL CORPORATION
3626 TURNINGWIND LANE
WINTER GARDEN, FL 34787

SUBJECT: THE GABRIEL ALTERNATIVE SUSPENSION CENTER
CORPORATION
Ref. Number: N11000008630

We have received your document for THE GABRIEL ALTERNATIVE
SUSPENSION CENTER CORPORATION and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The document you submitted has been prepared pursuant to profit statutes
(chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit
corporation, this document should be filed pursuant to chapter 617, Florida
Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 012A00005501

RECEIVED

12 FEB 21 AM 10:22

SEVENTH FLOOR
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

The Gabriel Alternative Suspension Center Corporation
(Name of Corporation as currently filed with the Florida Dept. of State)

N 11000008630

(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 Gabriel 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

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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)

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

<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 checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Carmen N. Morris</u>	<u>2466 Laurel Blossom Cir</u> <u>Orlando, FL 32761</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S/T</u>	<u>Jason C. Brown</u>	<u>3626 Tulewingswood Cir</u> <u>W.G., FL 32785</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/T</u>	<u>Victoria Samuels</u>	<u>2213 LeHaine Blvd</u> <u>Orlando, FL 32802</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Cathy LaSaine</u>	<u>P O BOX 547593</u> <u>Orlando, FL 32855</u>
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)

Article I - Change to: The Gabriel Corporation

Article II Change to:

A nonprofit organization established for students and their families who have been deemed at-risk based upon their social economic status and demographic location. At-risk meaning, those students who without intervention services, are highly likely to drop out of school or become involved in the juvenile justice system as a teen. Families at-risk meaning those families who are at or below poverty level. Services of the organization are to include: an alternative to suspension program for grades 3rd-8th, a home health care service (non medical) for families needing services and an exposure to visual arts.

The date of each amendment(s) adoption: 12/29/11

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 1/21/2012
Signature J. A. Hardy
(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)

Jo Ann Hardy
(Typed or printed name of person signing)
President
(Title of person signing)