

N12000000147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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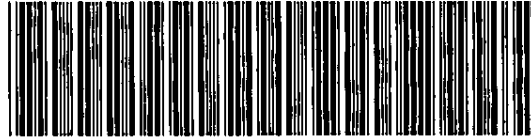
(Business Entity Name)

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From:

To:18502456897

06/01/2016 15:06

#198 P.002/008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2016

ARLEEN DENNISON  
FIRST COAST TECHNICAL COLLEGE EDU.  
2980 COLLINS AVENUE  
ST. AUGUSTINE, FL 32084

SUBJECT: FIRST COAST TECHNICAL COLLEGE EDUCATION  
FOUNDATION, INC.  
Ref. Number: N12000000147

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 516A00010427

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DIVISION OF CORPORATIONS  
16 JUN -1 11 3:15

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JUN -1 PM 3:53

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: First Coast Technical College Education Foundation, Inc.

DOCUMENT NUMBER: N12000000147

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

Please return all correspondence concerning this matter to the following:

Arleen Dennison

(Name of Contact Person)

First Coast Technical College Education Foundation

(Firm/ Company)

2980 Collins Avenue

(Address)

St. Augustine, FL 32084

(City/ State and Zip Code)

arleen.dennison@fctc.edu

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

For further information concerning this matter, please call:

Cecil Bateman

(904)

495-5149

at

(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

First Coast Technical College Education Foundation, Inc.

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

N12000000147

(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: \_\_\_\_\_

\_\_\_\_\_  
(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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	C	<u>Cecil Bateman</u>	<u>136 Malaga Street</u>
<input type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	VC	<u>Rachael Kubly</u>	<u>6 Nelmar Ave</u>
<input type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	S	<u>Nancy Dearing</u>	<u>74 Wandering Woods Way</u>
<input type="checkbox"/> Add			<u>Ponte Vedra, FL 32081</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	Chair	<u>Sandra Hartley</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	D	<u>Renee Stauffacher</u>	<u>2980 Collins Avenue</u>
<input checked="" type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	D	<u>Sandra Fortner</u>	<u>2980 Collins Avenue</u>
<input checked="" type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			

**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.*

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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	<u>D</u>	<u>Thomas Miller</u>	<u>7219 Augusta Drive</u>
<input checked="" type="checkbox"/> Add			<u>Fleming Island, FL 32003</u>
<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			

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

Page 3 of 4

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

Effective date if applicable: \_\_\_\_\_  
(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 May 10, 2016 \_\_\_\_\_

Signature Cecil M. Bateman  
(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)

Cecil Bateman

\_\_\_\_\_  
(Typed or printed name of person signing)

Chair

\_\_\_\_\_  
(Title of person signing)