

U12687

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(Address)

(City/State/Zip/Phone #)

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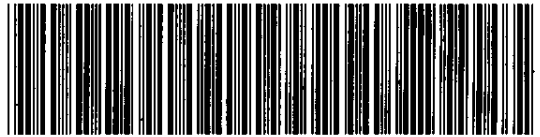
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amey*  
11/24/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2009

JACKSONVILLE SCHOLARSHIP FOUNDATION, INC.  
RUTH SIDBURY  
2420 TEBASSA RD.  
JACKSONVILLE, FL 32216

SUBJECT: JACKSONVILLE SCHOLARSHIP FOUNDATION, INC.  
Ref. Number: N12687

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 409A00034917

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JACKSONVILLE SCHOLARSHIP FOUNDATION, INC

DOCUMENT NUMBER: N12687

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

Please return all correspondence concerning this matter to the following:

RUTH C SIDBURY  
(Name of Contact Person)

JACKSONVILLE SCHOLARSHIP FOUNDATION, INC  
(Firm/ Company)

2420 YEBASSA RD  
(Address)

JACKSONVILLE, FL 32216  
(City/ State and Zip Code)

SIDBURY RIVER CITY @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH C SIDBURY at (904) 733-7042  
(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

JACKSONVILLE SCHOLARSHIP FOUNDATION, INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

N/2687

(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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street 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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TALLAHASSEE, FLORIDA

**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>D</u>	<u>KEVIN CANNON</u>	<u>4438 TRIVINGTON</u> <u>JACKSONVILLE, FL</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>LEON MARTIN</u>	<u>7721 KNOLL DR S</u> <u>JACKSONVILLE, FL</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>ANELA JOHNSON</u>	<u>32221</u> <u>12357 WINTER PINE</u> <u>JACKSONVILLE, FL</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)

<u>D</u>	<u>DARBY CRAIG MUELLER</u>	<u>ADD</u>	<input checked="" type="checkbox"/>
	<u>1819 MILLS RD</u>		
	<u>JACKSONVILLE, FL 32216</u>		

<u>D</u>	<u>PAT CRAIG CORDA</u>	<u>ADD</u>	<input checked="" type="checkbox"/>
	<u>9233 INTERLACHEN LN</u>		
	<u>JACKSONVILLE, FL 32256</u>		

The date of each amendment(s) adoption: \_\_\_\_\_

11/20/09  
(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 \_\_\_\_\_

11-20-09

Signature \_\_\_\_\_

Ruth C Sidbury

(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)

RUTH C SIDBURY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)