

N15000007500

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(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE
SECRETARY OF
CORPORATIONS
16 JUN -6 PM 1:10

JUN 07 2016

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MAY 23 2016
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
16 JUN -6 PM 4:51

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 23, 2016

AUTUMN J HOLLOWAY
JCOC CHRISTIAN PREPARATORY ACADEMY, INC
4090 BALLARD RD.
FORT MYERS, FL 33916

SUBJECT: JCOC CHRISTIAN PREPARATORY ACADEMY, INC.
Ref. Number: N15000007500

16 JUN -6 PM 11:10
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for JCOC CHRISTIAN PREPARATORY ACADEMY, INC. 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 incorrect form was submitted. Please complete form pursuant to a Not for Profit Corporation, section 617.

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 216A00010873

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JCOC Christian Preparatory Academy, Inc.

DOCUMENT NUMBER: N15000007500

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

Please return all correspondence concerning this matter to the following:

Autumn J. Holloway

(Name of Contact Person)

JCOC Christian preparatory Academy, Inc.

(Firm/ Company)

4090 Ballard Rd.

(Address)

Fort Myers, FL 33916

(City/ State and Zip Code)

JCOCprep@gmail.com

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

For further information concerning this matter, please call:

Autumn J. Holloway

(Name of Contact Person)

at (239) 898-7577

(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)

Previously
submitted
see letter
attached.

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

16 JUL -6 PM 1:11
STATE OF FLORIDA
DIVISION OF CORPORATIONS

JCOC Christian Preparatory Academy, Inc.

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

N15000007500

(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**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4090 Ballard Road
Fort Myers, FL 33916

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: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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> |

Type of Action
(Check One)

Title

Name

Address

| | | | |
|---|----------|---------------------|-----------------------------|
| 1) <input type="checkbox"/> Change | <u>S</u> | <u>Frank Bought</u> | <u>2129 Davis St.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Fort Myers, FL 33916</u> |
| <input type="checkbox"/> Remove | | | |

| | | | |
|--|----------|------------------------------|-----------------------------|
| 2) <input type="checkbox"/> Change | <u>S</u> | <u>Justin J. Watkins Sr.</u> | <u>4090 Ballard Rd.</u> |
| <input type="checkbox"/> Add | | | <u>Fort Myers, FL 33916</u> |
| <input checked="" 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)

Amendment(s) adopted:

ARTICLE III: PURPOSE:

PURPOSE: This corporation is organized exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law.

SPECIFIC PURPOSE: To create a faith-based academy that will equip students for lifelong learning.

LIMITATION OF POWERS: Notwithstanding any provision of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE VII: DISTRIBUTION OF ASSETS UPON DISSOLUTION

DISTRIBUTION OF ASSETS UPON DISSOLUTION: In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code, or the Federal, State, or local government for exclusive public purpose.

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

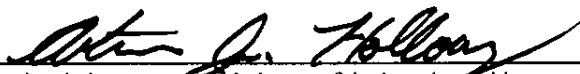
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 06-02-16

Signature 
(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)

Autumn J. Holloway
(Typed or printed name of person signing)

President
(Title of person signing)