

722 0000006438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

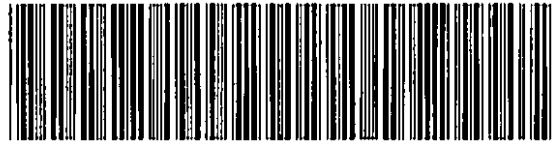
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2023 APR -4 PM 1:56  
FBI - BOSTON

af 4/6/2023

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Carter Christian Academy

DOCUMENT NUMBER: 122000000 6438

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

Please return all correspondence concerning this matter to the following:

Dr. Carol Carter

(Name of Contact Person)

Carter Christian Academy

(Firm/ Company)

3593 NW Devane St

(Address)

Lake City, FL 32055

(City/ State and Zip Code)

education@CarterChristianAcademy.net

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

For further information concerning this matter, please call:

Dr. Carol Carter

(Name of Contact Person)

at 386.438.3986

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2023

CAROL CARTER  
3593 NW DEVANE STREET  
LAKE CITY, FL 32055

SUBJECT: CARTER CHRISTIAN ACADEMY INC  
Ref. Number: N22000006438

We have received your document for CARTER CHRISTIAN 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 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.

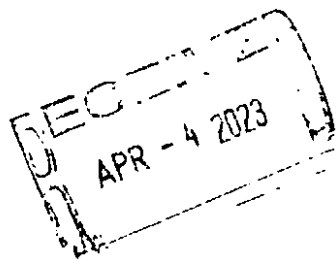
The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 323A00005737



12/23/22

Carter Christian Academy

3593 NW Devane St

Lake City, FL 32055

Acknowledgement Letter

Re: Marie Truesdale (Removal from board)

This letter of acknowledge from the board removing Marie Truesdale from the board as (TD) and adding Michelle Smith as (TD) all in favor total 5 members agreed, effective immediately.

Thank you,

A handwritten signature in black ink, appearing to read "Dr. Carol Carter", with a long horizontal line extending to the right.

Dr. Carol Carter, Director

Articles of Amendment  
to  
Articles of Incorporation  
of

CARTER CHRISTIAN ACADEMY INC

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

2023 APR -4 PM 1:56

022000006438

(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)

(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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Carol Carter</u>	<u>3593 NW Devane St</u> <u>Lake City, FL 32055</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>X</u> <u>ID</u>	<u>Marie Truesdale</u>	
<input checked="" type="checkbox"/> Remove 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ID</u>	<u>Michelle Smith</u>	<u>3593 NW Devane St</u> <u>Lake City, FL 32055</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Jill O'Rourke</u>	<u>3593 NW Devane St</u> <u>Lake City, FL 32055</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Sec</u>	<u>Hollie Blankenship</u>	<u>3593 NW Devane St</u> <u>Lake City, FL 32055</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Dir</u>	<u>Jacob Montano</u>	<u>3593 NW Devane St</u> <u>Lake City, FL 32055</u>

F. If amending or adding additional Articles, enter change(s) here:

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

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☒ 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

3/20/23

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)

Dr. Carl Carter

(Typed or printed name of person signing)

President

(Title of person signing)