

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

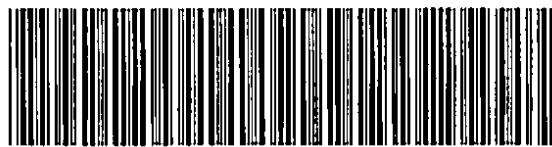
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UNITED STATES DEPARTMENT OF AGRICULTURE

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Amend

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JACKSONVILLE BEACHES WOMEN'S CLUB, INC

DOCUMENT NUMBER: N33100

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

Please return all correspondence concerning this matter to the following:

BARBARA SPARKS

(Name of Contact Person)

JACKSONVILLE BEACHES WOMEN'S CLUB, INC

(Firm/ Company)

14750 BEACH BLVD #66

(Address)

JACKSONVILLE BEACH, FL 32250

(City/ State and Zip Code)

BSPARKS@ATT.NET

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

For further information concerning this matter, please call:

BARBARA SPARKS

904

705-4027

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

JACKSONVILLE BEACHES WOMEN'S CLUB, INC.

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

N 33100

(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)

14823 PLUMOSA DR

JACKSONVILLE BEACH, FL 32250

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:

ELIZABETH DALLAS

14823 PLUMOSA DR

(Florida street address)

New Registered Office Address:

JACKSONVILLE BEACH

(City)

Florida 32250

(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.

*Elizabeth Dallas*

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>    </u> Change <u>X</u> <u>    </u> Add <u>    </u> Remove	<u>CS</u>	<u>JOAN KELLY</u>	<u>14750 BEACH BLVD #5</u> <u>JACKSONVILLE BEACH, FL</u> <u>32250</u>
2) <u>    </u> Change <u>X</u> <u>    </u> Add <u>    </u> Remove	<u>RS</u>	<u>SUE KREICHEL</u>	<u>13045 PALMETTO GLADE DR</u> <u>JACKSONVILLE, FL 32246</u>
3) <u>    </u> Change <u>X</u> <u>    </u> Add <u>    </u> Remove	<u>1ST VP</u>	<u>LIZ LASSITER</u>	<u>1031 1ST STREET S #404</u> <u>JACKSONVILLE BEACH, FL</u> <u>32250</u>
4) <u>    </u> Change <u>X</u> <u>    </u> Add <u>    </u> Remove	<u>2ND VF</u>	<u>SHERRY WOMACK</u>	<u>1350 LINKSIDE DR</u> <u>ATLANTIC BEACH, FL 32233</u>
5) <u>    </u> Change <u>X</u> <u>    </u> Add <u>    </u> Remove	<u>3RD VF</u>	<u>MARY SCHAAL</u>	<u>14623 ISLAND DR</u> <u>JACKSONVILLE, FL 32250</u>
6) <u>    </u> Change <u>X</u> <u>    </u> Add <u>    </u> Remove	<u>T</u>	<u>BARBARA SPARKS</u>	<u>14750 BEACH BLVD #66</u> <u>JACKSONVILLE BEACH,</u> <u>32250</u>

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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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>
7) <input type="checkbox"/> Change	<u>CSD</u>	<u>MILLICENT COBB</u>	<u>3511 PINTAIL DRIVE SOUTH</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE BEACH, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32250</u>
8) <input type="checkbox"/> Change	<u>CSD</u>	<u>BETTY BAILEY</u>	<u>14750 BEACH BLVD #19</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE BEACH, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32250</u>
9) <input type="checkbox"/> Change	<u>T</u>	<u>STACEY CUMMINGS</u>	<u>1207 18TH AVENUE N</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE BEACH, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32250</u>
10) <input type="checkbox"/> Change	<u>3RD VF</u>	<u>KATIE MCGUIGAN</u>	<u>3902 BRAMPTON ISLAND COL</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32224</u>
<input checked="" type="checkbox"/> Remove			
11) <input type="checkbox"/> Change	<u>PD</u>	<u>CAROL WOMBLE</u>	<u>1221 1ST STREET #7</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE BEACH, FL 32</u>
<input checked="" type="checkbox"/> Remove			
12) <input type="checkbox"/> Change	<u>2ND VF</u>	<u>BARBARA PARKE</u>	<u>14750 BEACH BLVD #8</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE BEACH, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32250</u>



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

04/10/2009

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 8/7/18

Signature Barbara Sparks  
(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)

Barbara Sparks  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)