

N9500000 4351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

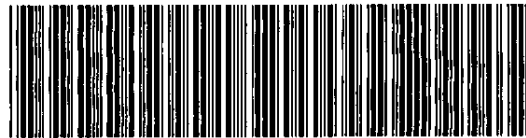
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrown 8-9-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Black Heritage Festival of
New Smyrna Beach, FL INC.

DOCUMENT NUMBER: N95000004351

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

Please return all correspondence concerning this matter to the following:

Jimmy Harrell
(Name of Contact Person)

Black Heritage Festival INC.
(Firm/ Company)

314 N. Duss St
(Address)

New Smyrna Beach, FL 32168
(City/ State and Zip Code)

jharrell8@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Harrell at (386) 428-6225
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ach, INC.

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

(Principal office address *MUST BE A STREET ADDRESS*)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
(City) (Zip Code)

Page 1 of 3

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>
VD	Oretha Bell	620 N. DUSS ST New Smyrna Beach, FL 32168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SD	O'BANNON JOANN D	Deceased	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	LAWS, korenzo	344 Sheldon St New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	James, Montez	829 ENTERPRISE AVE - New Smyrna Beach, FL 32168	Add
D	BROWN, Dorothy	704 Hamilton St New Smyrna Beach, FL - 32168	Add
D	Carter, Lavern	509 Finch Dr. Edgewater, FL 32168	- Add
SD	Kershner, Patricia	21 Country Club Dr New Smyrna Beach, FL 32168	Add
D	LAWS, Gertie	344 Sheldon St. New Smyrna Beach, FL 32168	Add
VD	Harrell, ANN W	131 Mill Spring Pl Ormond Beach, FL 32174	ADD
D	Shaffer, Robert. Dr	5207 S Atlantic Ave - New Smyrna Beach, FL 32169	Add
D	Thompson, Robert C	1001 Walter St New Smyrna Beach, FL 32168	Add

The date of each amendment(s) adoption: JUNE 22, 2011
(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 August 3, 2011

Signature Mary S. Harrell
(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)

Mary S Harrell
(Typed or printed name of person signing)

Director/Registered Agent
(Title of person signing)