

N95000004351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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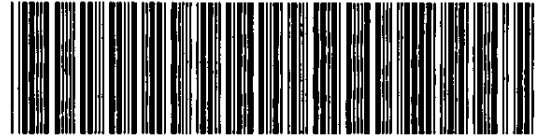
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Black Heritage Festival of New Smyrna Beach, 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)

**N/A**

(Firm/ Company)

**453 Oak Street**

(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**

(Name of Contact Person)

at ( **386** ) **428-6225**

(Area Code & Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**Black Heritage Festival of New Smyrna Beach, Inc.**

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

**N95000004351**

(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:**

**Mary S. Harrell Black Heritage Museum, Inc.**

*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)*

Mary S. Harrell Black Heritage Museum  
314 N. Duss Street  
New Smyrna Beach, FL 32168

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

Mary S. Harrell Black Heritage Museum  
314 N. Duss Street  
New Smyrna Beach, FL 32168

**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: Jimmy Harrell

453 Oak Street

*(Florida street address)*

New Registered Office Address:

New Smyrna Beach, Florida 32168

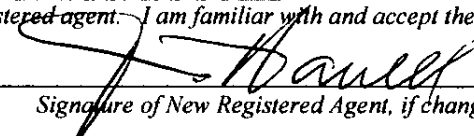
*(City)*

*(Zip Code)*

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**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>C</u>	<u>Lorenza Laws</u>	<u>344 Sheldon St</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC</u>	<u>Ann Harrell</u>	<u>131 Mill Spring PL</u> <u>Ormond Beach, FL</u> <u>32168</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Patricia Kershner</u>	<u>21 Country Club Dr.</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Alphonzo Brown</u>	<u>704 Hamilton</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Gertie Laws</u>	<u>344 Sheldon St</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Angie Kovitch</u>	<u>48 Fore Drive</u> <u>New Smyrna Beach, FL</u> <u>32168</u>

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Joe Kovitch	48 Fore Drive New Smyrna Beach, FL 32168
8) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Robert Shaffer	5207 S. Atlantic Ave New Smyrna Beach, FL 32168
9) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Chaplain	Robert Thompson	1000 Walter St New Smyrna Beach, FL 32168
10) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Sherica "Shy" Morris	201 N. Mrytle Street New Smyrna Beach, FL 32168
11) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	CEO	Mary Harrell	453 Oak Street New Smyrna Beach, FL 32168
12) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CEO	Jimmy Harrell	453 Oak Street New Smyrna Beach, FL 32168

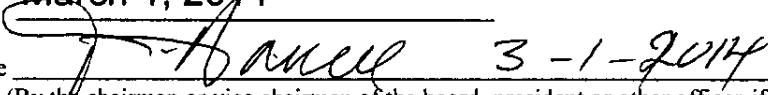
The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: March 1, 2014  
*(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 March 1, 2014

Signature  3-1-2014  
*(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)*

Jimmy Harrell  
*(Typed or printed name of person signing)*  
Registered Agent and CEO  
*(Title of person signing)*