

N97000003389

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

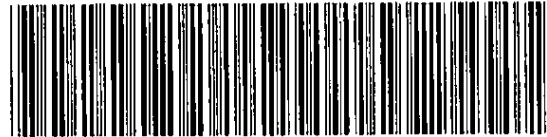
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NOTES

TALLAHASSEE, FLORIDA

STATES

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Project Annie INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Annie Johnson
(Name of Contact Person)

Project Annie INC.
(Firm/ Company)

625 W. 4th Avenue
(Address)

Tallahassee, FL 32303
(City/ State and Zip Code)

anniesnurseryschool@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annie Johnson (850) 222-6133
Shannon Allen at (850) 661-0253
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Project Annie INC.

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

FILED

2024 JUL 22 PM 1:40

(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:

Annie's Nursery School 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)

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.

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Phyllis Coleman</u>	<u>625 W 4th Ave</u> <u>Tallahassee, FL 32303</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Don Griesheimer</u>	<u>625 W 4th Ave</u> <u>Tallahassee, FL 32303</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Rev. Dr. Chris A. Burney</u>	<u>625 W 4th Ave</u> <u>Tallahassee, FL 32303</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Carolyn Ingram</u>	<u>625 W 4th Ave</u> <u>Tallahassee, FL 32303</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Janet Bard Hanson</u>	<u>625 W 4th Ave</u> <u>Tallahassee, FL 32303</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Richard Carter</u>	<u>625 W, 4th Ave</u> <u>Tallahassee, FL 32303</u>

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

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

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:

☒ Change

☒ Remove

☒ Add

PT

John Doe

V

Mike Jones

SV

Sally Smith

Bm - Board Member

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☒ Add

Bm

Rev. Dr. Latricia Scrien 625 W 4th Ave
Tallahassee, FL 32303

☐ Remove

2) ☐ Change
☒ Add

Bm

Jennifer Williams 625 W 4th Ave
Tallahassee, FL 32303

3) ☐ Remove
☐ Change
☒ Add
☐ Remove

Bm

Richard Zorn M.D. 625 W 4th Ave
Tallahassee, FL 32303

4) ☐ Change
☐ Add

T

Wanda Chamber 625 W 4th Ave
Tallahassee, FL 32303

☒ Remove

5) ☐ Change
☐ Add

D

Mary F Zanders 625 W 4th Ave
Tallahassee, FL 32303

☒ Remove

6) ☐ Change
☐ Add

Bm

Chuck Rollin 625 W 4th Ave
Tallahassee, FL 32303

☒ Remove

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

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

☐ 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 7-18-24

Signature Annie Johnson

(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)

Annie Johnson
(Typed or printed name of person signing)

Owner / Director
(Title of person signing)