

N98000003415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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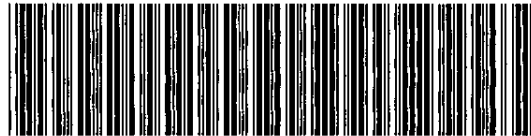
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Operation Housing And Community Development Inc.

DOCUMENT NUMBER: N98000003415

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

Please return all correspondence concerning this matter to the following:

Edward Hainesworth

(Name of Contact Person)

(Firm/ Company)

P.O.Box 682185

(Address)

Orlando, FL. 32868

(City/ State and Zip Code)

edward@ssmc2.com

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

For further information concerning this matter, please call:

Edward Hainesworth

(Name of Contact Person)

at 321 287-9909

(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 &
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Operation Housing And Community Development, Inc.

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

N98000003415

(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:

(Florida street address)

New Registered Office 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

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TALLAHASSEE, FLORIDA

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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Tom White</u>	<u>322 N. Fairmont</u> <u>Pittshurth, PA. 15219</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SD</u>	<u>Tari Addison</u>	<u>48 N. Kirkman RD. #6</u> <u>Orlando, FL. 32811</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Ashley Hainesworth</u>	<u>P.O.Box 682185</u> <u>Orlando, FL. 32868</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Vince Gadson</u>	<u>418 Blakely ST.</u> <u>Cuthbert GA. 39840</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Lena Brinson</u>	<u>5902 Indian Hill RD.</u> <u>Orlando, FL. 32808</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Venitta Robinson</u>	<u>P.O.Box 680041</u> <u>Orlando, FL. 32868</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:

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Example:

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<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Catherine Martinez</u>	<u>8230 Silver GlenDR.</u> <u>Fountan, CO. 80817</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Deborah Harris White</u>	<u>7602 Brockton RD.</u> <u>Philadelphia, PA. 19151X</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Terrie Mitchell</u>	<u>866Park LK. Cir</u> <u>Maitland, FL. 32751</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

See Attach

The date of each amendment(s) adoption: 11/13/2012

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 11/13/2012

Signature Edward Hainesworth
(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)

Edward Hainesworth
(Typed or printed name of person signing)
President/Director
(Title of person signing)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Operation Housing And Community Development Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is: 6611 Meritmoor CIR Orlando , Florida 32818 Mailing Address: P.O. Box 682185 Orlando, Florida 32868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Organize and shall be operated exclusively as an interracial, non-profit community uses the goals and methods of social work economics, law and other disciplines to secure equal opportunities in all sectors of our society for Black Americans and other minorities. Its purpose is to eliminate racial discrimination and segregation; to increase the economic and political empowerment of Black Americans and other minorities; to help them share equally in the responsibilities and rewards of full citizenship; and for other charitable and educational purpose. The geographic area to be served by the corporation consist of the following counties in the state of Florida: Orange, Osceola, Lake and Seminole. No part of the net earnings of this corporation shall inure to the benefit of or be distributable to any member, officer or director of the corporation, or to any private individual. This corporation shall not, as a substantial part of its activities carry propaganda or otherwise attempt to influence Legislation; nor shall it participate or intervene (by publication or distribution of any statements or otherwise) or any political campaign on behalf of any candidate for public office.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Edward Hainesworth

Address: 6611 Meritmoor CIR Orlando, Florida 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward Hainesworth

Address: P.O. Box 682185 Orlando, Florida 32868

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator Date