

N10000002933

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2010 AUG 13 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

AUG 13 2010

# Veterans Tribute & Museum of Osceola County



August 11, 2010

DEAR MS BROWN,

Thank you for your help on the  
phone yesterday.

PLEASE CONTACT ME if there is  
ANY PROBLEM AT ALL

Sincerely,

Frank G. Clark

**COVER LETTER**

**TO: Amendment Section**  
Division of Corporations

**NAME OF CORPORATION:** Museum of Military History, Inc.

**DOCUMENT NUMBER:** N10000002933

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

Please return all correspondence concerning this matter to the following:

Donald R. Smith  
(Name of Contact Person)

Museum of Military History, Inc.  
(Firm/ Company)

3831 West Vine St. Box 64  
(Address)

Kissimmee, Florida, 34741  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Donald R. Smith at ( 407 ) 396-6908  
(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 checked="" 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

Museum of Military History, Inc.

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

N10000002933

(Document Number of Corporation (if known))

FILED  
2010 AUG 13 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**)*

3831 WEST VINE ST BOX 64  
KISSIMMEE, FL 34741

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

3831 W. VINE ST BOX 64  
KISSIMMEE, FL 34741

**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)

\_\_\_\_\_, Florida  
(City)

\_\_\_\_\_  
(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*

**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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address if different is:

3831 W. Vine St. Box 64 Kissimmee, Florida 34741

**ARTICLE III PURPOSE**

a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distribution to organizations that qualify as exempt organizations under section 501 (c) (3) of the internal revenue code or corresponding section of any future tax code.

b. Upon the dissolution of the organization, assets shall be distributed for on or more exempt purposes within the meaning of section 501 (c) (3) of the internal revenue code or corresponding section of the internal revenue code or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated **EXCLUSIVELY** for such purposes.

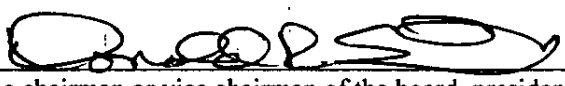
The date of each amendment(s) adoption: AUG. 11<sup>TH</sup>, 2010  
*(date of adoption is required)*

Effective date if applicable: AUG 11 2010  
*(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 AUG. 11, 2010

Signature   
*(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)*

DONALD R. SMITH  
*(Typed or printed name of person signing)*

CHAIRMAN, BOARD OF DIRECTORS  
*(Title of person signing)*