

N37089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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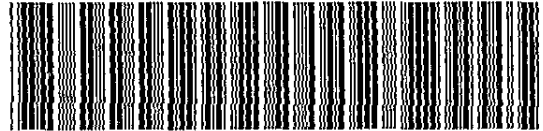
(Business Entity Name)

(Document Number)

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*Amend*

04/06/05--01019--006 \*\*35.00

FILED

05 APR -6 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BR*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA INC.

**DOCUMENT NUMBER:** N37089

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

Please return all correspondence concerning this matter to the following:

LEON FRANCIS

(Name of Contact Person)

ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA INC.

(Firm/ Company)

100 NE 15TH STREET #204

(Address)

HOMESTEAD, FL. 33030

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

LEON FRANCIS

(Name of Contact Person)

at (

305)

247-0011

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC

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

N 37089

(Document number of corporation (if known))

FILED  
05 APR - 6 PM 12: 29  
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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**ARTICLE 111**

The specific purpose (s) for which the association is organized is (are) for charitable purposes within the meaning of section 501(c)3 of the internal revenue service code.

**ARTICLE V1**

Upon the dissolution of the Association, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) 3 of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government for a public purpose. Any such assets not so disposed of shall be disposed of by the Board of Directors exclusively for such purposes, or to such organization or organizations as the Board shall determine which are organized and operated exclusively for such purposes.

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 04/02/2005

Effective date if applicable: 04/30/2005  
(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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 2ND day of APRIL, 2005

Signature Leon B Francis President  
(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.)

LEON FRANCIS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**