## F02000005028

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	<b>WAIT</b>	MAIL
(Bu	ısiness Entity Nar	me)
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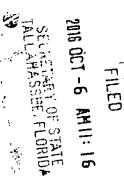
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Withdrawd

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P.O. Box 741 • Amherst, New York 14226-0741 • (716) 636-4869 • Fax (716) 636-1733 www.centerforinguiry.net

September 28, 2015

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

On 01/08/2015, Center for Inquiry, Inc., Document Number F02000005028, merged with two other corporations. We are submitting an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida form for Center for Inquiry, Inc. I have attached a copy of the Certificate of Merger filed with the N.Y.S. Department of State, Division of Corporations and State Records.

As part of the merger, the surviving corporation Council for Secular Humanism, Inc., Document Number F05000004957, changed its name to Center for Inquiry, Inc. At this time we are also submitting a Not For Profit Application by Foreign Not For Profit Corporation to File Amendment to Application for Conducting Affairs in Florida form to get the name of the corporation changed from Council for Secular Humanism, Inc., to Center for Inquiry, Inc. With that filing we have attached documents issued by NYS Department of State and the IRS that acknowledge the name change.

We have submitted a check for \$87.50 to cover the two individual processing fees for the filings. \$43.75 is for the fee for the Withdrawal Application filing with Certified Copy. \$43.75 is for the fee for the Amendment filing with a Certified Copy.

If you need any other information or documentation, please contact me at (716)636-4869 ext. 330 or ppaulin@centerforinguiry.net.

Sincerely,

Paul Paulin Fiscal Officer

Center for inquiry, Inc.

3965 Rensch Road

Amherst, NY 14228

(716)636-4869 ext. 330

(716)636-1733 (FAX)

ppaulin@centerforinquiry.net

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## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		10
SUBJECT: CENTER FOR IN		
	Name of Corporati	on)
DOCUMENT NUMBER: F020000	05028	
The enclosed withdrawal application and fee	e are submitted for	filing.
Please return all correspondence concerning the matter to the following:	nis	
PAUL PAULIN		
	(Name of Person)	
CENTER FOR INQU	JIRY, INC	
	(Firm/Company)	
3965 RENSCH ROA	AD .	
	(Address)	
AMHERST, NY 142	28	
(Cit	y/State and Zip coo	le)
For further information concerning this matter	· •	606 4060 EVT 200
PAUL PAULIN	<sub>at (</sub> 716	636-4869 EXT 330
(Name of Person) Enclosed is a check for the amount:	(Area C	ode & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
<b>MAILING ADDRESS:</b>		STREET ADDRESS:
Amendment Section		Amendment Section
Division of Corporations P.O. Box 6327		Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

CENTER FOR INQUIRY, INC.

(Name of Corpora	tion)
	6 6
F02000005028	The B
(Document Number of Corpor	ation (if known)
NEW YORK OTATE	A SECTION OF THE PROPERTY OF T
NEW YORK STATE	
(Incorporated Under I	Laws of)
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or con	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of put the time it was authorized to transact business or conduct affa	process based on a cause of action arising during
The following is a current mailing address for the corporation	:
3965 RENSCH ROAD	
(Mailing Addres	is)
AMHERST, NY 14228	
(City/ State /Zip	)
The corporation agrees to notify the Department of State in th	e future of any change in its mailing address.
4 Marin da	09/28/2015
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed figureary, by that fiduciary)	(Date)
THOMAS FLÝNN	SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**