

F09000004561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

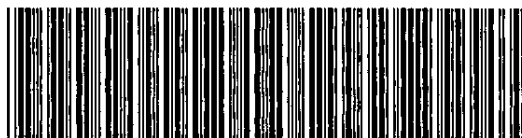
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700244363087

02/06/13--01007--003 **43.75

Amend

FILED
13 FEB -6 PM 12:01
TALLAHASSEE, FLORIDA

FEB - 8 2013
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Assistance Fund, Inc.

Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tempra S. Miller

Name of Contact Person

The Assistance Fund

Firm/Company

4700 Miller Rd., Ste 310

Address

Orlando, FL 32839

City/State and Zip Code

tempra.miller@assistfund.org

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

For further information concerning this matter, please call:

Erin J. Miller

Name of Contact Person

at (407) 377-1312

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$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

NOT FOR PROFIT CORPORATION
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA
(Pursuant to s. 617.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document Number of Corporation (If known))

1. The Assistance Fund, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. November 19, 2009

(Date authorized to conduct affairs in Florida)

SECTION II

(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A

5. N/A

(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

N/A

(New duration)

(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

N/A

(New jurisdiction)

(Date)

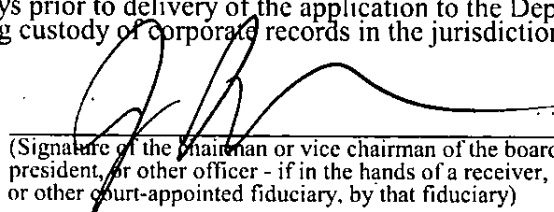
8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

Support and fund programs and activities to promote the health and well-being of general public and making

grants in furtherance of its charitable purposes.

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Jeff Spafford

(Typed or printed name of the person signing)

Executive Director

(Title of person signing)

FILED
FEB -6 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA