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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ACTION FOR FUNDAMENTAL CHANGE AND DEVELOPMENT, INC  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

WENDY YOUNG

Name of Person

Firm/Company

5675 WOODVALLEY RD

Address

TALLAHASSEE FL 32311

City/State and Zip Code

WENDYD YOUNG@COMCAST.NET

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

For further information concerning this matter, please call:

WENDY YOUNG

Name of Person

at (850) 294-9545

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

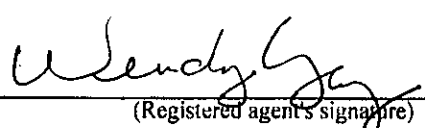
Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. ACTION FOR FUNDAMENTAL CHANGE AND DEVELOPMENT, INC  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. KAMPALA, UGANDA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DEC 2009 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. KAZO RD, BWAISE PARISH OR PO BOX 21809 KAMPALA, UGANDA  
(Principal office address)  
PO BOX 21809 KAMPALA, UGANDA  
(Current mailing address)
8. To solicit funding and lobby for resources to support AFFCAD project in Uganda.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
Name: WENDY YOUNG  
Office Address: 5675 WOOD VALLEY RD  
TALLAHASSEE FL, Florida 32311  
(City) (Zip Code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: MUHAMMED KISIRISA

Address: OFF KAZO Rd, LUFULA Zone, BWAISE II PARISH KAWEMPE DIVISION  
KAMPALA DISTRICT. P.O BOX 31809 Kampala Uganda, kisiris.affcad@gmail.com

Vice President: KAFUMA RICHARD

Address: OFF KAZO RD, LUFULA ZONE, BWAISE II PARISH KAWEMPE DIVISION  
KAMPALA DISTRICT. P.O BOX 31809

Secretary: Nyombi Jaffar Tazan

Address: OFF KAZO Rd, LUFULA ZONE, BWAISE II PARISH KAWEMPE DIVISION  
Nyombi@affcad.org

Treasurer: Muggaga Brian Baya

Address: OFF KAZO Rd, LUFULA ZONE, BWAISE II PARISH, KAWEMPE DIVISION  
mbrianbaya@affcad.org

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

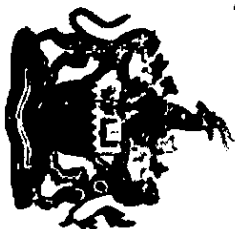
14. Muhammed Kisiris, Co founder / Executive Director.  
(Typed or printed name and capacity of person signing application)

[Signature] [Signature]

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# Kampala Capital City Authority



## GENDER AND COMMUNITY SERVICES DEPARTMENT

*This is to Certify that*

ACTION FOR FUNDAMENTAL CHANGES  
AND DEVELOPMENT of KAUFMOE Division Urban Councils

Reg KAU/11/120 has fulfilled all the Requirements of Registration as

CBO Association/Club/Group in Kampala Capital City Authority

Valid from SEPTEMBER 2011 to SEPTEMBER 2012

*[Signature]*

Senior Gender &  
Community Development Officer

