

N000000006175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

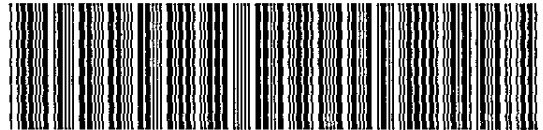
(Business Entity Name)

(Document Number)

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04 OCT 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN OCT 18 2004



Handicapped Adults of Volusia County, Inc.

September 18, 2004

**Department of State
Division of Corporations**
P.O. Box 6327
Tallahassee, FL 32314

RE: Amendment to Articles of Incorporation, Article II, Purpose

To Whom It May Concern:

Enclosed are two (2) copies of the amendment to our Articles of Incorporation, a copy of our September Minutes that are included in our monthly Newsletter highlighting the information pertaining to the amendment and a check in the sum of \$35.00. Would you please stamp both copies, one for the state to keep and one for our non-profit organization?

Would you please send the stamped copied back to Mrs. Patricia Possenti, 829 Pine Tree Ct., Port Orange, FL 32127-4871, as soon as possible, in the enclosed stamped envelope? Pat has been working on this since June and needs this amendment stamped to send to the IRS to obtain our tax exempt status. We have already paid the \$150 fee and it was necessary for us to change our Articles of Incorporation to meet their standards and have the paper work back to them by October 1, 2004.

Sincerely,

David E. Dixon

David E. Dixon, President
Handicapped Adults of Volusia County
3156 Sequoia Dr.
Port Orange, FL 32127



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 1, 2004

PATRICIA POSSENTI
829 PINE TREE CT.
PORT ORANGE, FL 32127-4871

SUBJECT: HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.
Ref. Number: N00000006175

We have received your document for HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

Please entitle your document Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 904A00057321

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Handicapped Adults of Volusia County

DOCUMENT NUMBER: N0000000 6175

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

Please return all correspondence concerning this matter to the following:

Patricia Possenti
(Name of Contact Person)

Handicapped Adults of Volusia County
(Firm/ Company)

829 Pine Tree Ct.
(Address)

Port Orange FL 32127-4871
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Patricia Possenti at (386) 756-0885
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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

Handicapped Adults of Volusia County, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
04 OCT 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N00000006175

(Document number of corporation (if known))

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)**

See attached

(Attach additional pages if necessary)

(continued)

ARTICLES OF AMENDMENT
In Compliance with Chapter 617.1006, F.S. (Not for Profit)

AMENDMENT, Article II, Purpose
June 8, 2004

This organization is organized exclusively for charitable, religious, educational or scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code.

No part of the net earnings of organization shall inure to the benefit of , or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth.

No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these Articles, the organization shall not carry on any other activities not permitted to be carried on

- (a) by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal tax code or
- (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future Federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) 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 so 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.

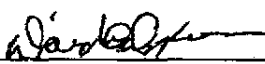
The date of adoption of the amendment(s) was: September 1, 2004

Effective date if applicable: September 1, 2004
(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 8th day of October, 2004.

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

David Dixon
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35