

**NO2000005254**

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(Requestor's Name)

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☐

PICK-UP

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(Business Entity Name)

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(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT -4 AM 11:57

*Amend & Rest.*  
**C.COULLETTE**

OCT 04 2010

**EXAMINER**



# handstolove

"where difference does not equal disability"

## BOARD OF DIRECTORS

*Chairman:* Paul C. Dell, MD

*President:* John A. Dufek

*Vice President:* Ruth Dell, MHS, OTR/L, CHT

*Treasurer:* Brian Caslow

*Secretary:* Beth Keene

Dianne Caslow

Jay DeCaire

To Whom it may Concern:

We need to file our Restated and Amended Articles of Incorporation.

Marie DeCaire, DVM, PhD

If you have any questions please feel free to contact me  
me at 352-273-7382.

Lyn DeKold, RN, MFP

Glenn Dickson

Thanks,  
Beth Keene

Jim Dufek

Dawn Dukes

Also please find enclosed our check for \$35.00

Wendy Holt, OTR/L, CHT

Tony Oyenarte

John Wood



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2010

HANDSTOLOVE  
BETH KEENE  
PO BOX 140572  
GAINESVILLE, FL 32614-0572

SUBJECT: CONGENITAL HAND CAMP, INC.  
Ref. Number: N02000005254

RECEIVED  
10 OCT -4 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CONGENITAL HAND CAMP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Minutes or corporate resolutions are not filed with the Division of Corporations and should be kept with the records of the corporation. Any changes that are being made to the articles of incorporation can be made by filing articles of amendment. Enclosed is an amendment form.

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

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 410A00020388

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Congenital Hand Camp, Inc aka Hands to Love

DOCUMENT NUMBER: NO 2000 00 5254

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

Please return all correspondence concerning this matter to the following:

John A. Dufek, President  
(Name of Contact Person)

do Hands to Love  
(Firm/ Company)

Po Box 235  
(Address)

Pine Has Park, FL 33780  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

John Dufek at (727) 595-2137  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee  
*previously  
submitted  
(see letter  
attached)*

☐ \$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

Amended & Restated

Articles of Incorporation  
of

Congenital Hand Camp, Inc.

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

NO 2000005254

(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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT -4 AM 11:57

*(Attach additional sheets, if necessary)*

see attached  
Amended AOI

(attach additional sheets, if necessary). (Be specific)

See attached  
Amended A.1

**RESTATED AND AMENDED ARTICLES OF INCORPORATION OF  
CONGENITAL HAND CAMP, INC.  
A FLORIDA NOT FOR PROFIT CORPORATION**

The undersigned.

does hereby terminate, replace and supersede any and all Articles of Incorporation previously filed or submitted on behalf of the Corporation and adopts the following Articles of Incorporation pursuant to the Florida Not For Profit Corporation Act, Chapter 617, Florida Statutes:

**Article I. NAME**

The name of the Corporation shall be **CONGENITAL HAND CAMP, INC.**

**Article II. PRINCIPAL OFFICE**

The physical address for the Principal Office shall be:

3450 Hull Road  
Gainesville, FL 32607

The mailing address for the Principal Office shall be:

165 Montgomery Road  
Altamonte Springs, FL 32714

**Article III. PURPOSE**

**Section 3.01** The general purposes for which this Corporation is organized are specifically charitable purposes within the meaning of the Internal Revenue Service Code ("Code").

**Section 3.02** This Corporation is formed and organized specifically for the following charitable, educational, therapeutic, and scientific purposes: (1) to provide diverse therapeutic activities for children with congenital upper extremity differences; (2) to provide the parents of children with congenital upper extremity differences with diverse learning opportunities including therapeutic activities, education, and counseling; (3) to provide a venue in which children with congenital upper extremity differences can associate, learn, and inspire one another through activity; and, (4) to allow children with congenital upper extremity differences, and their parents, the opportunity to participate, interact, and learn from physicians and therapists in a variety of therapeutic activities.

**Section 3.03** Notwithstanding any other provision of these articles, this Corporation shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under the Code, or the corresponding provisions of any future federal tax laws.

**Section 3.04** In the event this Corporation is in any year determined to be a "private foundation" as defined in Section 509(a) of the Code it shall:

- (a) Distribute its income for each tax year at such time and in such manner that it will not become subject to the tax on undistributed income imposed by Section 4942 of the Code, or the corresponding provisions of any future federal tax laws.
- (b) Not engage in any act of self-dealing as defined in Section 4941(d) of the Code, or the corresponding provisions of any future federal tax laws.
- (c) Not retain any excess business holdings as defined in Section 4943(c) of the Code, or the corresponding provisions of any future federal tax laws.
- (d) Not make any taxable investments as defined in Section 4944 of the Code, or the corresponding provisions of any future federal tax laws.
- (e) Not make any taxable expenditures as defined in Section 4945(d) of the Code, or the corresponding provisions of any future federal tax laws.

#### **Article IV. MANNER OF ELECTION**

The Directors shall be elected in the manner set forth in the Corporation's Bylaws.

#### **Article V. REGISTERED AGENT AND STREET ADDRESS**

Brian P. Treas Caslow  
165 Montgomery Road  
Altamonte Springs, FL 32714

#### **Article VI. INCORPORATOR**

Mike Cricchio  
200 SW 62nd Blvd, Suite B  
Gainesville, FL 32607



## **Article VII. OFFICERS AND DIRECTORS**

**Section 7.01** Upon filing this document, the Directors, which may be amended from time to time according to the Bylaws, shall be:

**Brian Caslow  
Diane Caslow  
Jay DeCaire  
Marie DeCaire  
Lyn DeKoid -  
Paul Dell  
Ruth Dell  
Glen Dixon  
Jim Dufek  
John Dufek  
Dawn Dukes  
Wendy Holt  
Beth Keene  
Tony Oyenarte  
John Wood**

**Section 7.02** Upon filing this document, the Officers, which may be amended from time to time according to the Bylaws, shall be:

**John Dufek- President  
Ruth Dell- Vice President  
Beth Keene- Secretary  
Brian Caslow- Treasurer  
Paul Dell- Chairman of the Board of Directors**

The date of each amendment(s) adoption: 3/28/09  
(date of adoption is required)  
Effective date if applicable: 3/28/09  
(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(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/1/10

Signature John A. Dufek  
(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)

John A. Dufek  
(Typed or printed name of person signing)

President  
(Title of person signing)