

N08000003656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____

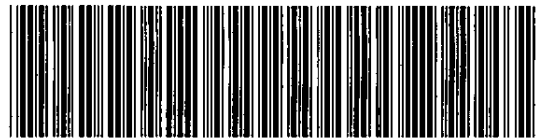
Certificates of Status _____

Special Instructions to Filing Officer:

Ira
Moscowitz
gave permission to
Add title
Director.
DC

Office Use Only

03/13/09



100143888121

02/20/09--01014--009 **35.00

FILED
09 MAR 10 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

03-13-09

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Foundation for the Scientific Study of Spirituality and

DOCUMENT NUMBER: N08060063656

*Complimentary
Healy*

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

Please return all correspondence concerning this matter to the following:

Ira Moscovitz

(Name of Contact Person)

(Firm/ Company)

2401 Bayshore Blvd #1102

(Address)

Tampa FL 33629-7385

(City/ State and Zip Code)

For further information concerning this matter, please call:

Ira Moscovitz

(Name of Contact Person)

at (813) 251-0032

(Area Code & Daytime Telephone Number)

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

☒ \$35 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

2401 Bayshore Blvd #1102

Tampa FL 33629

1/30/09

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Gentlemen:

I filed Articles of Incorporation on April 14, 2008
(#N08000003656) as part of an effort to obtain
Ira charitable exemption.

They are now requiring me to include the enclosed
Amendment to the Articles of Incorporation.

They add the following admonishment:

"Since you are incorporated in Florida, the corp. you
submit to us must show that it has been properly filed
and approved by your appropriate state agency. We cannot
accept a corp stamped "Received"."

They have given me two weeks to get it done.

If you have any questions, please call me at (813) 251-0032
or Email mawcawitz@isome.com

If there is a charge for your service, please bill me.

I thank you in advance for your understanding and prompt response.

Sincerely,

Jan Mawcawitz
Jan Mawcawitz
Registered Agent

For information to the Secretary of State of Florida and the Department of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2009

IRA MOSCOWITZ
2401 BAYSHORE BLVD., #1102
TAMPA, FL 33629

SUBJECT: FOUNDATION FOR THE SCIENTIFIC STUDY OF SPIRITUAL AND
COMPLEMENTARY HEALING INC
Ref. Number: N08000003656

We have received your document 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 609A00006963



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2009

IRA MOSCOWITZ
2401 BAYSHIORE BLVD., #1102
TAMPA, FL 33629

SUBJECT: FOUNDATION FOR THE SCIENTIFIC STUDY OF SPIRITUAL AND
COMPLEMENTARY HEALING INC
Ref. Number: N08000003656

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

PLEASE UNDERSTAND THAT A FILING CAN NOT BE COMPLETED UNTIL THE PROPER DOCUMENTS AND FEES ARE RECEIVED IN THIS OFFICE. IN ORDER TO ADD THE REQUIRED WORDING TO THE ARTICLES OF INCORPORATION FOR IRS PURPOSES, AN AMENDMENT MUST BE FILED WITH THE SECRETARY OF STATE. THE FILING FEE IS \$35.00.

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

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 009A00004896

Articles of Amendment
to
Articles of Incorporation
of
Foundation for the scientific Study of Spiritual and Complementary Healing Inc

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

N08000003656

(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)

_____, Florida _____
(City) (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
09 MAR 10 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

*****SEE ATTACHED*****

[illegible]

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

NO PART OF THE NET EARNINGS OF THE 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 IN THE PURPOSE CLAUSE HEREOF. 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 ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THIS DOCUMENT, 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 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 each amendment(s) adoption: January 15, 2009

Effective date if applicable: _____
(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 2/14/09

Signature Ira Moricourt
(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)

Ira Moricourt
(Typed or printed name of person signing)

Registered Agent/Director
(Title of person signing)