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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
2/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: African Good Samaritan Mission Inc.

DOCUMENT NUMBER: N08000006078

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

Please return all correspondence concerning this matter to the following:

Dr. Rosaline Olade

(Name of Contact Person)

African Good Samaritan Mission Inc.

(Firm/ Company)

6700 150th Ave. N., # 705

(Address)

Clearwater, FL 33764

(City/ State and Zip Code)

African Good Samaritan Mission
www.agsmission.org

Kindly add the
two ~~new~~ ^{articles} to our
Article of Incorporation
Thanks, ~~Dr. Rosaline Olade~~
Dr. Rosaline Olade
President

For further information concerning this matter, please call:

Dr. Rosaline Olade

(Name of Contact Person)

at (727) 953-9581

(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

**Articles of Amendment
to
Articles of Incorporation
of**

African Good Samaritan Mission Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006078
(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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

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

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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>
_____	N/A	_____	<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)

1. African Good Samaritan Mission Inc. 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.

2. Upon the dissolution of the African Good Samaritan Mission Inc., 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.

(Listed above are the additions to the Articles of Incorporation) Thank You

The date of each amendment(s) adoption: January 22, 2009

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

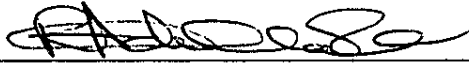
(CHECK ONE)

☐ 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 January 23, 2009

Signature



(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)

Dr. Rosaline Olade

(Typed or printed name of person signing)

President

(Title of person signing)