

N110000000447

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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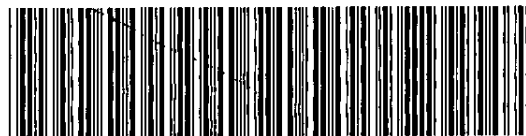
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FILED
12 APR 13 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend

APR 16 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Moore Help Foundation, Inc.

DOCUMENT NUMBER: N110000000447

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

Please return all correspondence concerning this matter to the following:

Amie M. Assent
(Name of Contact Person)

(Firm/ Company)

P.O. Box 390933
(Address)

Deltona, FL 32739
(City/ State and Zip Code)

amassent@moorehelp.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amie M. Assent at (407) 324-6647
(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

12 APR 13 AM 11:01

The Moore Help Foundation, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

111000000447

(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)

P.O. Box 390933
De Hona, FL 32739

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:

(Florida street address)

New Registered Office 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

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	ED	Amie Assent	2700 Tansboro Dr Deftona, FL 32225
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	BM	Tasha Bailey	620 Peachtree St. NE #1102 Atlanta, GA 30308
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Lakesha Mack	8267 Fort Socrum Village Way Lakeland, FL 33810
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	T	Henry Moore	461 Queen Anne St St. Augustine, FL 32092
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	Paulette Moore	3605 NW 68th Lane Gainesville, FL 32653
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	BM	Michelle Moore	461 Queen Anne St St. Augustine, FL 32092

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)

Please note the officer/director title by the first letter of the office title:

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Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☒ Add
☐ Remove

BM

Shannon Salas

6514 Ector Pl
Jacksonville, FL 32211

2) ☐ Change
☐ Add
☒ Remove

BM

Sytonnia Moore

144 Ponce De Leon Ave NE
#1201
Atlanta, GA 30308

3) ☐ Change
☐ Add
☐ Remove

4) ☐ Change
☐ Add
☐ Remove

5) ☐ Change
☐ Add
☐ Remove

6) ☐ Change
☐ Add
☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

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

Amending Article III, please see
attached

ARTICLE III.

THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS:

THIS CORPORATION IS ORGANIZED FOR ONE OR MORE OF THE PURPOSES AS SPECIFIED IN SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE , 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 THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

THE PURPOSE OF THIS CORPORATION IS TO EMPOWER LOWER INCOME RESIDENTS IN THE COMMUNITY BY PROVIDING EDUCATIONAL, MEDICAL, AND FINANCIAL RESOURCES. IT IS OUR DETERMINATION THAT BY GOING INTO THE HEART OF COMMUNITIES MOST AFFECTED BY THE LACK OF KNOWLEDGE AND EDUCATION REGARDING THEIR PHYSICAL, EMOTIONAL, MENTAL, SOCIAL, AND FINANCIAL WELL BEING, THAT WE CAN BE SUCCESSFUL IN NOT ONLY SHIFTING THE FRAME OF MIND OF THESE RESIDENTS IN REGARDS TO HOW THEY VIEW THEIR LIFE'S WORTH, BUT AID THEM IN SETTING A PATH FOR THEIR FUTURE THAT EMPOWERS THEM WITH MORE EDUCATIONAL AND FINANCIAL INDEPENDENCE. OUR DEDICATION LIES IN ENRICHING THESE LIVES AND HELPING THEM BECOME MORE PRODUCTIVE CITIZENS OF SOCIETY, WHILE PROVIDING A STABLE SUPPORT AND RESOURCE SYSTEM THROUGH THE PROGRAMS OFFERED THROUGH OUR ORGANIZATION. OFFERED SERVICES WILL INCLUDE BUT ARE NOT LIMITED TO:

- **GED TUTORING AND PREPARATION**
- **GROCERY STORE GIFT CARDS FOR RESIDENTS 67 AND OLDER**
- **FINANCIAL ASSISTANCE FOR UNINSURED WOMEN FOR MAMMOGRAPHY SCREENINGS AND/OR FOLLOW UP DIAGNOSTIC IMAGING INCLUDING MAMMOGRAPHY AND SONOGRAPHY AFTER AN ABNORMAL MAMMOGRAPHY SCREENING**
- **STARTER PACKAGES FOR TEENAGE MOTHERS, TO INCLUDE A VARIETY OF BABY NECESSITIES**
- **EXPECTANT TEEN MOTHER EDUCATION SEMINARS**
- **FINANCIAL ADVISING, RETIREMENT PLANNING, AND LIFE INSURANCE SEMINARS**
- **YOUTH ENRICHMENT DAY CAMPS AIMED AT PROMOTING SELF-ESTEEM FOR MINORITY GIRLS AND BOYS.**
- **SPA DAYS/MAKEOVERS AND LUNCH FOR WOMEN AND CHILDREN OF DOMESTIC VIOLENCE.**

NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION 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 ARTICLE THREE HEREOF.

NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE CORPORATION 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, THIS CORPORATION SHALL NOT, EXCEPT TO AN INSUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITIES OR EXERCISE ANY POWERS THAT ARE NOT IN FURTHERANCE OF THE PURPOSES OF THIS CORPORATION.

UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE 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 A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION 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: 4/11/12

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 4/2/12

Signature AM Assent
(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)

Amie M. Assent
(Typed or printed name of person signing)

Executive Director
(Title of person signing)