

N120000010945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700249397317

07/05/13--01017--012 **43.75

Amd
JUL 23 2013
R. WHITE

FILED
13 JUL 22 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

GODSPOWER S. OMASERE
ISOKO HEALTH FOUNDATION
743 NW HARRIS LAKE DRIVE
LAKE CITY, FL 32055

SUBJECT: ISOKO HEALTH FOUNDATION, INCORPORATED
Ref. Number: N12000010945

We have received your document for ISOKO HEALTH FOUNDATION, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

On page 4, please sign in the space designated "signature."

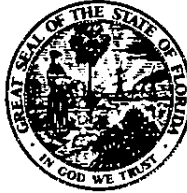
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 013A00016903

RECEIVED
13 JUL 22 AM 11:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

GODSPOWER S. OMASERE
ISOKO HEALTH FOUNDATION
743 NW HARRIS LAKE DRIVE
LAKE CITY, FL 32055

SUBJECT: ISOKO HEALTH FOUNDATION, INCORPORATED
Ref. Number: N12000010945

We have received your document for ISOKO HEALTH FOUNDATION, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

On page 4, please sign in the space designated "signature."

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 013A00016903

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Isoko Health Foundation Inc.

DOCUMENT NUMBER: N12000010945

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

Please return all correspondence concerning this matter to the following:

Godspower S. Omasere

(Name of Contact Person)

Isoko Health Foundation

(Firm/ Company)

743 NW Harris Lake Drive

(Address)

Lake City, FL 32055

(City/ State and Zip Code)

omasere2@hotmail.com

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

For further information concerning this matter, please call:

Godspower Sam Omasere at 386 754-4123

(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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Isoko Health Foundation Inc.

DOCUMENT NUMBER: N12000010945

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

Please return all correspondence concerning this matter to the following:

Godspower S. Omasere

(Name of Contact Person)

Isoko Health Foundation

(Firm/ Company)

743 NW Harris Lake Drive

(Address)

Lake City, FL 32055

(City/ State and Zip Code)

omasere2@hotmail.com

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

For further information concerning this matter, please call:

Godspower Sam Omasere at (386) 754-4123

(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

13 JUL 22 PM 12:05

Isoko Health Foundation Inc.

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

N12000010945

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: _____

(Florida street address)

New Registered Office 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

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Page 2 of 4

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

ARTICLE III Purpose

(I) The purpose for which the corporation is organized is exclusively for charitable, educational and scientific within the meaning of Section 501(c)3 of the Internal Revenue Code, which purposes shall be to solicit, receive and administer gifts, donations, and bequests of gifts, funds, materials and supplies for these purposes.

(II) The Corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code (IRC) or by a corporation to which contribution are deductible under Sections 170(b)(1)(A) or (B) and 170 (c) (2) of the IRC (or the corresponding provisions of any future United States Internal Revenue law).

ARTICLE VIII Dissolution

Upon the dissolution of the Corporation, the Board of Directors, after paying or making provision for the payment of all the liabilities of the Corporation, shall distribute all of the assets of the Corporation 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 the local government where it is registered, for a public purpose.

ARTICLE IX Amendment

The Articles of Incorporation and or Bylaws may be amended by the affirmative vote of at least two-third(2/3) of the members of the Board of Directors present at any regular or special meeting provided proper notice of the changes to be made has been given and a quorum is present, or without a meeting if a consent in writing, signed by the number of Directors whose votes would be necessary to authorize such amendment at a meeting is filed in the minutes of the Corporation. Within ten days after obtaining such authorization by written consent, notice summarizing the action shall be given to those Directors who have not consented in writing.

The date of each amendment(s) adoption: May 18, 2013


Effective date if applicable: June 1, 2013

(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 May 22, 2013

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. Lawrence Adu

(Typed or printed name of person signing)

Chief Executive Officer/President

(Title of person signing)