

N180000006183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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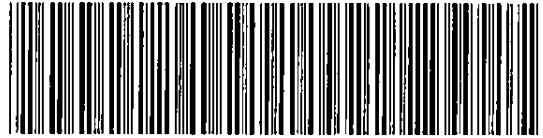
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

ML



USA CHAPLAIN CORP MINISTRY, INC

Saturday, August 31st, 2024

Blessings, below is the full amendment we would like to make to Article II:

USA Chaplain Corp Ministry is a distinguished public charitable organization dedicated to addressing a broad spectrum of social and humanitarian needs. Our mission encompasses several key areas, including human services, education, community development, international aid, and religious and spiritual support. We provide essential support to individuals and families in need by offering food, clothing, shelter, and other fundamental resources. Additionally, we facilitate access to medical care, mental health services, and health education for underserved populations, and deliver aid and support to victims of natural disasters and emergencies, ensuring timely and effective response to crises.

Our educational initiatives empower individuals through financial assistance, providing scholarships and grants to enable students to pursue their educational goals. We also offer tutoring, literacy programs, vocational training, and other educational services to foster personal and professional growth. In the realm of community development, we strive to enhance community well-being by assisting in securing and maintaining affordable housing for low-income families and establishing centers that offer a variety of social services, recreational activities, and communal spaces for interaction and support.

Our commitment extends beyond national borders, focusing on providing comprehensive aid to developing countries, including education, healthcare, and infrastructure development. We also offer humanitarian assistance in regions affected by conflict, famine, and other crises, promoting global stability and well-being. Recognizing the importance of spiritual well-being, we offer spiritual counseling and support services, facilitate religious education aligned with specific faith traditions, and organize community activities that reinforce spiritual and ethical values. By delivering these services concurrently, we maximize our impact both locally and globally.

In the event of the dissolution of USA Chaplain Corp Ministry, the process will be conducted as follows: Upon a majority vote of the board members to dissolve the organization, all remaining assets will be distributed to the charities and partner organizations with which we have established relationships. This ensures that the resources entrusted to us will continue to benefit the community and support the causes aligned with our mission. This procedure will be executed in accordance with all applicable laws and regulations of 501(c)(3) to ensure a fair and orderly transition.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: USA Chaplain Corp Ministry, INC

DOCUMENT NUMBER: N18000006183

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

Please return all correspondence concerning this matter to the following:

Dr. Maxon Gaspard
(Name of Contact Person)

USA Chaplain Corp Ministry INC
(Firm/ Company)

2420 Highland Ave
(Address)

Fort Myers, FL 33916
(City/ State and Zip Code)

USA.Chaplaincorpministryinc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
Dr. Maxon Gaspard (CEO) ----- (239) 265-6221
Ashley Joseph (Secretary) ----- at (239) 628-8871
(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 checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

Articles of Amendment
to
Articles of Incorporation
of

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

N18000006183

(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

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TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>

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INFORMATION
NO
DATE

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

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

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TALLAHASSEE, FL

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: September 1, 2024
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

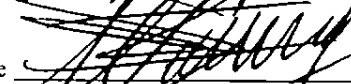
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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

08/30/2024

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. MAXON GASPARD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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