

N99000002727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

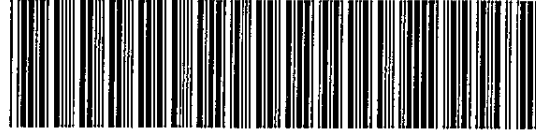
(Business Entity Name)

(Document Number)

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*Amend NC
T. Lewis*

FILED
05 JUN 23 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL 32301

06/27/05--01003--015 **\$2.50

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NORTH CENTRAL FLORIDA INTERFAITH
SPONSORING COMMITTEE, INC.

DOCUMENT NUMBER: N99000002727

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

Please return all correspondence concerning this matter to the following:

NICHOLAS HASKELL

(Name of Contact Person)

NORTH CENTRAL FLORIDA INTERFAITH SPONSORING COMMITTEE

(Firm/Company)

P.O. BOX 5246

(Address)

GAINESVILLE, FL 32627-5246

(City/State/and Zip Code)

For further information concerning this matter, please call:

NICHOLAS HASKELL

(Name of Contact Person)

at (352) 379-7822

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" 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
409 E. Gaines Street
Tallahassee, FL 32399

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

NORTH CENTRAL FLORIDA INTERFAITH SPONSORING COMMITTEE, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

N99000002727
(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:

NEW CORPORATE NAME (if changing):

ACTION NETWORK OF NORTH CENTRAL FLORIDA, INC.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article I - Mailing address change. Delete: 3508 NW 19th Street, change to: P.O. Box 5246
Gainesville, FL delete Zip Code 32605. Change to: Zip Code 32627.

Article III - Delete Statues, change to Statutes

Article IV - 1) Delete: of low and moderate income families

3) Delete: educations, change to: educational purposes. Change: last
sentence: this provision however, will not be deemed to limit collateral
activities, (add: in) which this corporation may engage (delete: in) or (add:
for) which tax exempt status is not sought.

4) Delete: by publication or distribution of any statements or otherwise)

(Attach additional pages if necessary)

(continued)

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TALLAHASSEE, FLORIDA

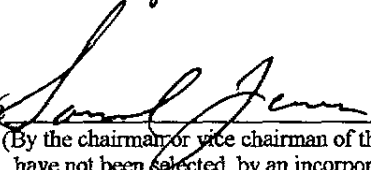
The date of adoption of the amendment(s) was: SEPTEMBER 30, 2004

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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 30th day of September 2004.

Signature 

(By the chairman or vice chairman of the board, president or other officer – if directors have not been selected, by an incorporator – if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

SAMUEL JONES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35