

N 99 000004091

(Requestor's Name)

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(Document Number)

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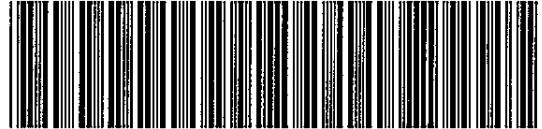
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# LIFESteps FOUNDATION

*Building Community  
One Life At A Time™*

December 13, 2005

CHIEF EXECUTIVE OFFICER

SHARON GILL

BOARD OF DIRECTORS

ERNIE ABRAMS III

SHERMAN L. DIBBLE, JR.

CHARLOTTE HAWKINS

JOHN D. HAWKINS, SR.

JEFF LEE, SR.

DIVISIONS

CENTRAL AREA

RECREATIONAL ASSOCIATION  
(C.A.R.A.)

LIFESteps PRESS

SPIRIT OF SUCCESS

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

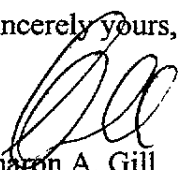
**RE: LIFESTEPS FOUNDATION, INC.**  
**DOCUMENT NUMBER: N99000004091**  
**FEDERAL EMPLOYMENT ID NUMBER: 650946248**

Dear Amendment Section:

Enclosed please find a Cover Letter and two originals of the Articles of Amendment to the Articles of Incorporation of Lifesteps Foundation, Inc. Please also find a check in the sum of \$43.75 for the Filing Fee and a Certified Copy of the Articles of Amendment to be returned to my attention at: 4888 10<sup>th</sup> Avenue North, Greenacres, Florida 33463.

Do not hesitate to contact the undersigned with any questions. Thank you.

Sincerely yours,

  
Sharon A. Gill  
President

4888 10TH AVENUE NORTH

GREENACRES, FL 33463

VOICE: 561-967-4066

866-967-4066

FAX: 561-967-4640

CONTACT@LIFESTEPS.ORG

WWW.LIFESTEPS.ORG

SAG/wg

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LIFESTEPS FOUNDATION, INC.

**DOCUMENT NUMBER:** N99000004091

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

Please return all correspondence concerning this matter to the following:

SHARON GILL

(Name of Contact Person)

LIFESTEPS FOUNDATION, INC.

(Firm/ Company)

4888 10TH AVENUE NORTH

(Address)

GREENACRES, FLORIDA 33463

(City/ State and Zip Code)

For further information concerning this matter, please call:

SHARON GILL

(Name of Contact Person)

at ( 561 ) 843-0834

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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 32399

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIFESTEPS FOUNDATION, INC.**

N99000004091

**OASIS COMPASSION AGENCY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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File

(Attach additional pages if necessary)  
(continued)

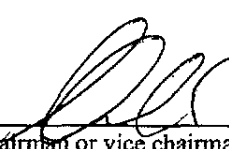
The date of adoption of the amendment(s) was: DECEMBER 1, 2005

Effective date if applicable: JANUARY 1, 2006  
(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.

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.)

SHARON GILL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**FILING FEE: \$35**

**LIFESTEPS FOUNDATION, INC.**

N99000004091

**OASIS COMPASSION AGENCY, INC.**

(Attach additional pages if necessary)  
(continued)

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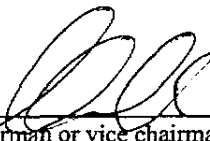
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.)

SHARON GILL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**