

Changing the lives

of handicapped children

AMERICAN FRIENDS of ALYN HOSPITAL

19 West 44th Street • Suite 1418 • New York, NY 10036 212-869-8085 • FAX: 212-768-0979

friendsofalyn@mindspring.com www.alyn.org



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Simone Blum

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Counsel Mark Goldsmith

Mark Goldsmith Herrick, Feinstein

Executive Director Cathy M. Lanyard March 15, 2001

FROM:

Cathy Lanyard, Executive Director

TO:

Florida Dept. of State

Division of Corporations

RE:

Name Change

Please find enclosed paperwork you requested regarding the name change of our organization. Please note however, that the State of New York, Dept. of State only issues one original certificate and that is for our records. If you have any questions, please call. If this information is not sufficient I can have our accountant or attorney get in touch with your office, as need be.

Thank you for your attention to this matter.

400003932344--5 -03/30/01-01068-019 *****35.00 *****35.00

O1 MAR 30 PM 1: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDS

W

******* MAR 3 0 2001

NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA (Pursuant to s. 617.1504, F.S.)

	SECTION I (1-3 MUST BE COMPLETED)
1	Christian Society de Mandian and Palis.
	Name of conforation as it appears on the records of the Department of State.
2.	- Yew york 3. 2/18/88
	Incorporated under laws of Date authorized to conduct affairs in Florida
	SECTION II
	(4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 三百 美工
4.	
••	If the amendment changes the name of the corporation, when was the change effected under the laws of its
	jurisdiction of incorporation? $\frac{12/28/99}{12}$
5.	Covering Friends of Ming 4/ 201
-	Name of corporation after the amendment, adding suffix corporation for "incorporated", or appropriate abbreviation, corporation. "Company" or "Co." may not be used as a corporate suffix by a nonprofit
	corporation. "Company" or "Co." may not be used as a corporate suffix by a nonprofit
6.	If the amendment changes the period of duration, indicate new period of duration and the date the change was
	effected.
	New Duration Date
7.	If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was
	effected.
	New Jurisdiction
	New Julisticuon Date
3.	If the purpose which the corporation intends to pursue in Florida has changed indicate new purpose.
	purpose.
	The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation.
	Carlo land
	3/16/0/
	Date/
	Cathy Langard Dixamily Monday
	Typed or printed name

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of AMERICAN FRIENDS OF ALYN HOSPITAL, INC. was filed on 09/27/1934, under the name of THE SOCIETY FOR THE AID OF THE CRIPPLED IN PALESTINE, INCORPORATED, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment THE SOCIETY FOR THE AID OF THE CRIPPLED IN PALESTINE, INCORPORATED, changing its name to AMERICAN SOCIETY FOR CRIPPLED CHILDREN IN ISRAEL INCORPORATED, was filed 02/16/1956.

A Certificate of Amendment AMERICAN SOCIETY FOR CRIPPLED CHILDREN IN ISRAEL INCORPORATED, changing its name to AMERICAN SOCIETY FOR HANDICAPPED CHILDREN IN ISRAEL INCORPORATED, was filed 08/29/1983.

A Certificate of Amendment AMERICAN SOCIETY FOR HANDICAPPED CHILDREN IN ISRAEL INCORPORATED, changing its name to AMERICAN FRIENDS OF ALYN HOSPITAL, INC., was filed 12/23/1999

ARTMENT

Special Deputy Secretary of State

and and the official seal ment of State at the City is 31st day of October

200011010368 *5*9

AFFIDAVIT

County of: Manhattan I. A. Stanley Gluck (NAME) Treasurer of American Friends of Alyn Hospital (TREASURER of CHIEF FINANCIAL OFFICER) and further state as follows: 1. Cathy Lanyard (NAME OF PRESON WED COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Stanutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this AND GRADER (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) The foregoing instrument was acknowledged before me this AND MANGE (SIGNATURE) (NOTARY PUBLIC SIGNATURE)	State of:	New York	
Treasurer of American Friends of Alva Hospital (RAME OF ORGANIZATION) and further state as follows: 1. Cathy Lanyard completed the foregoing Charitable (RAME OF PERSON WHO COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this 1972 of hy A. STANDEN GUILLE, who is presonally known to me or who has produced 1984 DALVELS ACC 1985, as identification and who did (did not) take an oath. SEAL/STAMP (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR	County of:	Manhattan	
Treasurer of American Friends of Alyn Hospital (NAME OF ORGANIZATION) and further state as follows: 1. Cathy Lanyard completed the foregoing Charitable (NAME OF PERSON WHO COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this of the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this of the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this of the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this of the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. SEAL/STAMP Which is personally known to me or who has not in the provision of Chapter 496, Florida Statutes, the Solicitation and who did (did not) take an oath. SEAL/STAMP (NOTARY PUBLIC NAME, FLEASE PRINT) MARILOUP, REVENTAR	· I A. S		, being first duly sworn, say that I am the
and further state as follows: 1. Cathy Lanyard completed the foregoing Charitable (NAME OF PERSON WEO COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this 413 day of Gignature) The foregoing instrument was acknowledged before me this 913 day of Gignature When 1904 Diffuser's we produced 1904 the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. SEAL/STAMP (NOTARY PUBLIC SIGNATURE) (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR		(LAVIATE)	
and further state as follows: 1. Cathy Lanyard completed the foregoing Charitable (NAME OF PERSON WHO COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this 19720 of by A. STANDY GULLE, who is personally known to me or who has produced 1990 A. DIAUGE'S WELLS, as identification and who did (did not) take an oath. SEAL/STAMP (NOTARY PUBLIC SIGNATURE) (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR		surer	of American Friends of Alyn Hospital
1. Cathy Lanyard completed the foregoing Charitable (NAME OF PERSON WHO COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this	(TREA	ASURER or CHIEF FINANCIAL OFFICER)	(NAME OF ORGANIZATION)
CHAMB OF PERSON WHO COMPLETED REGISTRATION) Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this	and further	state as follows:	
Organization's Registration Statement; 2. I have read the foregoing Registration Statement and know the contents thereof; 3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this 415 day of	1.	Cathy Lanyard	completed the foregoing Charitable
3. The same is true to the best of my knowledge and belief; and 4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this	,	(NAME OF PERSON WHO COMPLETED REGISTRA Organization's Registration Statemen	TION)
4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. The foregoing instrument was acknowledged before me this 973 day of	2.	I have read the foregoing Registratio	n Statement and know the contents thereof;
The foregoing instrument was acknowledged before me this quart day of any of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument was acknowledged before me this quart day of the foregoing instrument day of the f	3.	The same is true to the best of my kn	owledge and belief; and
19720 57 , by A. STANLEY GUICK , who is personally known to me or who has produced NOW YOUR DULLER'S WEE 1955 , as identification and who did (did not) take an oath. SEAL/STAMP (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR	4.	The Registration Statement is made f 496, Florida Statutes, the Solicitation	or the purpose of complying with the provisions of Chapter of Contributions Act.
19720 57 , by A. STANLEY GUICK , who is personally known to me or who has produced NOW YOUR DULLER'S WEE 1955 , as identification and who did (did not) take an oath. SEAL/STAMP (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR			attonby Johnson
19720 57 , by A. STANLEY GUICK , who is personally known to me or who has produced NOW YOUR DULLER'S WEE 1955 , as identification and who did (did not) take an oath. SEAL/STAMP (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR			(SIGNATURE)
SEAL/STAMP (NOTARY PUBLIC SIGNATURE) (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOUP, REVENTAR	1 <i>91</i> 20 <u>07</u>	, by A. STANKIN GILLIC	Who is personally Image to
(NOTARY PUBLIC SIGNATURE) (NOTARY PUBLIC NAME, PLEASE PRINT) MARILOU P. REVENTAR			, as identification and who did (did not) take an oath.
(NOTARY PUBLIC NAME, PLEASE PRINT) MARILOU P. REVENTAR	SEAL/STAN	/IP	
MARILOU P. REVENTAR		,	(NOTARY PUBLIC SIGNATURE)
MARILOU P. REVENTAR			OLOTH DV DVD FOUND
MARILOU P. REVENTAR			± "
COMMISSION EXPIRES: 130/2002 Notary Public, State of New York No. 31-4994048 Qualified in New York County Commission Expires July 30, 2012	COMMISSIO	ON EXPIRES: 7/30/2002	Notary Public, State of New York No. 31-4994048 Qualified in New York County

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

REGISTRATION STATEMENT - CHARITABLE ORGANIZATIONS



X

INITIAL

RENEWAL

THIS FORM IS NOT TO BE USED FOR FILING CONSOLIDATED REGISTRATION STATEMENTS.

PLEASE TYPE OR PRINT 496.405, F.S.

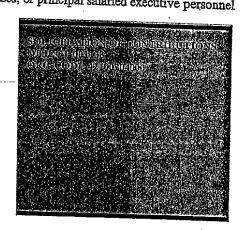
Unless exempt under Chapter 496.406, F.S., a charitable organization which intends to solicit contributions or hav funds solicited on its behalf, within this state, must file a registration statement with the Department prior to any solicitation. Renewals must be filed annually [496.405(1)(b), F.S.]

Attach additional pages if more space is needed. Please number all attachments to correspond with the question number.

1.	Full name and street address of charitable organization.
	(Include city, state and zip code) [496.405(2)(b), F.S.]
	American Friends of Alyn Happital To 10 H 4 (4)
	American Friends of Alyn Hospital, Inc., 19 West 44th Street, Suite 1418,
	New York, NY 10036 (formerly American Society for Handicapped Children in Israel, Inc.)
	and the state of t
	Same as above
	Name under which entity intends to solicit contributions, if different
	Miami Friends of Alan Hospital
	If the above address is not in Florida state the Florida address and the state of t
	c/o Robert Miller, 508 NE 195th Street, Miami, FL 33179-3334
2.	What is the purpose for which the city of the city
	What is the purpose for which the entity is organized: [496.405(2)(b), F.S.]
	To raise awareness and support for the Alyn Hospital in Jerusalem, Israel
3.	
J.	State briefly the purpose(s) for which contributions will be used: [496.405(2)(b), F.S.]
	To her he hospital meet the short-fall between health agency rojmbyras
	ments and actual cost of care.
4.	Is the charitable organization authorized to solicit in any other state. Voc.
	and agencies where the entity files or registers. If yes, attach a list of the state(s)
5.	Federal Employer's Identification Number (FEIN) 13-6100833
6.	Has the charitable association Number (FRIN) 13-6100833
	Has the charitable organization or any of the officers, directors, trustees, or principal salaried executive personnel
	- 1

Attached: Check in the amount of \$350.00 based on total contributions of \$2,009,389.00

NOTE: ALL DOCUMENTS AND ATTACHMENTS SUBMITTED WITH THIS STATEMENT ARE SUBJECT TO PUBLIC REVIEW PURSUANT TO CHAPTER 119, F.S.



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•	
	been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful prac-
	tices in the solicitation of contributions or the administration of assets? No If yes, attach a separate
7.	sheet describing. [496.405(2)(d), F.S.] Heather a separate
7.	Has the organization had its registration or authority denied, suspended or revoked by any governmental agency or voluntarily entered into an assurance of voluntary complaince or agreemental.
	or voluntarily entered into an assurance of voluntary complaince or agreement? <u>No</u> If yes, attach a sepa
8.	rate sheet describing. [496.405(2)(d), F.S.] If applicable and a sepa
٠.	If applicable, attach a list of the names, street addresses and telephone numbers of any professional solicitor, professional fundraising consultant, or commercial co-venturer who is continuous and professional solicitor,
	professional fundraising consultant, or commercial co-venturer who is acting or agreed to act on behalf of the
	charitable organization and the terms for salaries, bonuses, commissions, expenses or other compensation to be paid the solicitor or fundraising consultant
	paid the solicitor or fundraising consultant [496.405(2)(e), F.S.] Please include their Florida Regis-
9.	List the names, street addresses and talanham
	List the names, street addresses and telephone numbers of the individual(s) or officer(s), within the organization, that are in charge of any solicitation activities. [496.405(2)(c), F.S.]
	ROBert Miller, 508 NE 195th Street Mines TH 2017
10.a.	Attach a copy of the organization's financial report for the immediately preceding fiscal year. The
	financial report must be on the Division's form or you may submit the organization's IRS 990 and schedule A or 990EZ from as filed with the IRS, in lieu of the Division's form. A partly set of the Division's form.
	990EZ from as filed with the IRS, in lieu of the Division's form. A newly established charitable organization with no financial histroy must file a budget for the current fiscal year.
	with no financial histroy must file a budget for the current fiscal year. [496.405(2)(a), F.S.]
b.	required financial information.
. c.	The organization's fiscal year end date is: 12/31
	ONLY if filing an IRS Form 990-EZ provide this information. The following financial information is to be based on the figures for the immediately preceding fiscal year.
	on the figures for the immediately preceding fiscal year. N/A
	TOTAL REVENUE:
	Management/Adminstrative Expenses:
	Program Services Expenses:
	Fundraising Expenses:
	Payments to Affiliates:
	TOTAL EXPENSES:
	Surplus/Deficit:
** CO	MPI FITE #11 AND #10 FOR Brown
-	MPLETE #11 AND #12 FOR INITIAL REGISTRAITON ONLY. [496.405(2)(f), F.S.]
11.	Is the charitable organization tax annual Voc
	Is the charitable organization tax exempt? Yes Under what section of the federal code? 501(c)3 Attach a copy of the federal tax exemption determination letter.
12	State the form of the charitable organization (comment)
	If incorporated, when and where was the corporation established? 2 / 1961 NY
dub 70	Tout State
** If the	e following is included in your financial report of IRS form, you need not complete items 13-16, but do indicate
page nu	mber where the information may be found. [496.405(2)(g), F.S.]
13.	Attach a list of the street addresses and telephone numbers of any offices in Florida, or if the charitable organiza-
	tion does not maintain an office in this state, the name, street address and telephone number of the person having custody of the financial records
14.	custody of the financial records
AT	List on a separate sheet the names and street addresses of the officers, directors, trustees and the principal salaried
15.	Attach a list or description of the
16.	Attach a list or description of the major program activities
	Attach a list of the names, street addresses and telephone numbers of the individuals or officers having final custody of the contributions and who will have final distribution of the contributions and who will have final distribution of the contribution.
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