

F05000002996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

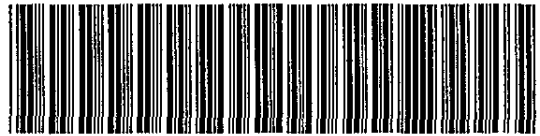
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/05--01011--002 **70.00

*Not required to file w/
Fla. Dept. of State until
2004/2005.
- KB/est*

*W05-11998
J. BRYAN MAR - 8 2005*

J. BRYAN MAY 20 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leukemia Clinical Research Foundation
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kenneth D. Rowe
(Name of Person)

Leukemia Clinical Research Foundation
(Firm/Company)

926 Valley Oaks Road
(Address)

St. Paul, MN 55127-3641
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth D. Rowe at (551) 229-7131
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 8, 2005

KENNETH D. ROWE
LEUKEMIA CLINICAL RESEARCH FOUNDATION
926 VALLEY OAKS ROAD
ST. PAUL, MN 55127-3641

SUBJECT: LEUKEMIA CLINICAL RESEARCH FOUNDATION
Ref. Number: W05000011998

We have received your document for LEUKEMIA CLINICAL RESEARCH FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,183.75.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

A brief description of the entity's nature of business must be included in the document.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 705A00016010

Leukemia Clinical Research Foundation

926 Valley Oaks Road • St. Paul, MN 55127-3641 • Phone 651/229-7131 • Fax 651/653-7984

Joey Bryan
Document Specialist
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Leukemia Clinical Research Foundation, Inc.
Ref. Number: W05000011998
Letter Number: 705A00016010

Dear Sir or Madam:

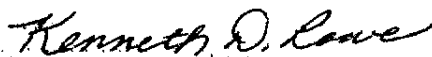
Leukemia Clinical Research Foundation, Inc. has compiled with registration and licensing requirements through the Department of Agriculture/Division of Consumer Services since March 2002. We acted in good faith as to the required procedure. Every year the Foundation was approved and licensed to solicit funds in Florida and every year an annual report was filed. Nowhere on any of the applications was noted a requirement to register through the Department of State.

The first indication of this requirement was December 21, 2004 when the "Not-For-Profit Corporation Uniform Business Report was filed and returned due to the fact that your records showed no entity by this name.

We immediately filed the application for authorization to conduct affairs in Florida. This was returned because the name of the corporation must contain a corporate suffix. I am returning the following application with corrections for filing (the \$70.00 filing fee was cashed by the State Department and not returned to us).

With regards to the civil penalty, Leukemia Clinical Research Foundation, Inc. acted in good faith and made an immediate effort to resolve the matter when informed. We are a small charity and thought we had done all the correct steps to conduct business in Florida. We would respectfully request an abatement of the penalties that have been assessed.

Sincerely,



Kenneth D. Rowe
Administrator *KDR*

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Leukemia Clinical Research Foundation, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Minnesota 3. 41-1586846
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1981 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. February 2002
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 926 Valley Oaks Road St. Paul, MN 55127-3641
(Principal office address)
same as above
(Current mailing address)
8. See attachment #1
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip Code)
10. Registered Agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cynthia L. Harris
as its agent

Cynthia L. Harris
(Registered Agent's signature)
11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Clara Bloomfield

Address: OSU Dept. of Hemopathology

455A Starling Loving Hall

320 W. 10th Avenue

Columbus, OH 43210

Vice President / Board Member: Ms. Deborah Howell

Address: 34 Welesley Circle

Glen Echo, MD 20812

Secretary / Treasurer: Mr. Richard J. Christison

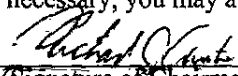
Address: 148 Divisadero Unit C

San Francisco, CA 94017

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard J. Christison, Sec./Tres.
(Typed or printed name and capacity of person signing application)

AFFIDAVIT

State of: Minnesota
County of: Ramsey

I, Richard J. Christison, being first duly sworn, say that I am the
(NAME)
Secretary/Treasurer of Leukemia Clinical Research Fnd., Inc
(TREASURER OR CHIEF FISCAL OFFICER) (NAME OF ORGANIZATION OR COMPANY)

and further state that:

1. Kenneth D. Rowe completed the Registration Statement
(NAME OF PERSON COMPLETING REGISTRATION IF DIFFERENT FROM ABOVE)
2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;
3. I have read the Registration Statement and know the contents thereof.

Richard Christison
(SIGNATURE)

The foregoing instrument was acknowledged before me the 20th day of January, 2005,
by Richard J. Christison, who is personally known to me or who has produced
as identification and who (did) (did not) take an oath.

SEAL/STAMP



Kenneth D. Rowe
(NOTARY PUBLIC SIGNATURE)

MY COMMISSION EXPIRES: 1-31-05

Kenneth D. Rowe
(NOTARY PUBLIC NAME, PLEASE PRINT)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

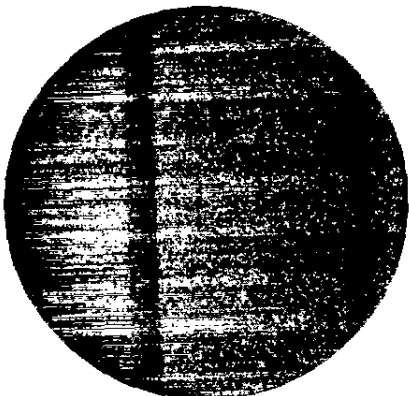
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Leukemia Clinical Research Foundation

Date Formed: 05/28/1987

Chapter Governed By: 317A

This certificate has been issued on 02/09/05.



Mary Kiffmeyer
Secretary of State.