

FC1000004309

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

NJH

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-08/14/01--01016--001
*****70.00 *****70.00

SUBJECT: CHILDRENS FUND OF ST. CLOUD, INC.
(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:

STANLEY M. SAUNIER, JR.

(Name of Person)

(Firm/Company)

P.O. BOX 22826

(Address)

LEXINGTON, KY 40522

(City/State and Zip Code)

For further information concerning this matter, please call:

STANLEY M. SAUNIER
(Name of Person)

at (859) 389-9222
(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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

**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. CHILDRENS FUND OF ST. CLOUD, 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. KENTUCKY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 24, 2001 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT YET STATED
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 1137 FLOYD DR.
(Principal office address)
LEXINGTON, KY 40505
(Current mailing address)
8. SEE ATTACHED
(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 or Mail Drop Box **NOT** acceptable)
Name: LARRY H. BACK
Office Address: 10890 GENERAL DRIVE
ORLANDO, Florida 32824
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(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.

The purposes of the corporation are to benefit children without means of support and burn victims who have not attained the age of maturity, to provide children, who need assistance, with access to summer camps and their attendant requirements, to assist and provide scholarships for children in need and to assist and provide for children in need in such other ways as the Board of Directors may determine.

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

A. DIRECTORS

Chairman: ROY GENE MULLINS
Address: 1137 FLOYD DR.
LEXINGTON, KY 40505
Vice Chairman: LARRY H. BACK
Address: 3490 CORD AVENUE
ST. CLOUD, FLA. 34772
Director: CHERI LYNN BACK
Address: 3490 CORD AVENUE
ST. CLOUD, FLA. 34772
Director: _____
Address: _____

B. OFFICERS

President: ROY GENE MULLINS
Address: 1137 FLOYD DR.
LEXINGTON, KY 40505
Vice President: LARRY H. BACK
Address: 3490 CORD AVENUE
ST. CLOUD, FLA. 34772
Secretary: CHERI LYNN BACK
Address: 3490 CORD AVENUE, ST. CLOUD, FLA. 34772
Treasurer: ROY GENE MULLINS
Address: 1137 FLOYD DR., LEXINGTON, KY 40505

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

13. *Larry H. Back V.P.*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)



John Y. Brown III
Secretary of State

Certificate of Existence

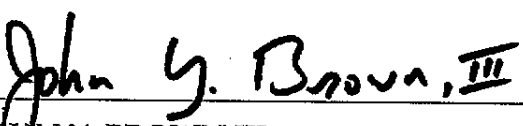
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CHILDRENS FUND OF ST. CLOUD, INC.

is a nonprofit corporation duly organized and existing under KRS Chapter 273, whose date of incorporation is July 24, 2001 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 273.3671 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 1st day of August, 2001.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
Bthompson/0519772