

F02000004212

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: FAMILY RELIEF FUND INCORPORATED
(Name of Corporation)

500007194555--9
-08/19/02--01036--006
*****70.00 *****70.00

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 conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

<u>FRANK RIPPY</u> (Name of Person)	TALLAHASSEE, FLORIDA	02 AUG 19 AM 10:22	FILED
<u>FAMILY RELIEF FUND</u> (Firm/Company)			
<u>319 W. COMMERCIAL</u> (Address)			
<u>LEBANON MO 65536</u> (City, State and Zip Code)			

For further information concerning this matter, please call:

SHARON RIPPY at (417) 533-5100
(Name of Person) Area Code & Daytime Telephone Number

STREET ADDRESS:
Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien 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

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**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. FAMILY RELIEF FUND INCORPORATED
(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. MISSOURI 3. 43-1852617
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 7, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 09/01/02
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 319 W. COMMERCIAL
LEBANON, MO 65536
(Current mailing address)
8. HELP WITH MEDICAL EXPENSES FOR CHILDREN
(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:

LISA AVERY
(Name)
1710 WAHOO CIRCLE P.O. Box 27293
(Office address)
Bay Point, Florida, 32408
(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.

[Signature]
(Registered agent's signature)

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02 AUG 19 AM 10:22
TALLAHASSEE, FLORIDA

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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: FRANK RIPPY

Address: 325 N. MONROE
LEBANON MO 65536

Vice Chairman: SHARON RIPPY

Address: 325 N MONROE
LEBANON MO 65536

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: FRANK RIPPY

Address: 325 N MONROE
LEBANON MO 65536

Vice President: _____

Address: _____

Secretary: TREASURER SHARON RIPPY

Address: 325 N. MONROE LEBANON MO 65536

Treasurer: _____

Address: _____

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

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

Sharon Rippy Vice Chairman
(Typed or printed name and capacity of person signing application)

FILED
02 AUG 19 AM 10:22
TALLAHASSEE FLORIDA

No. N00061588

STATE OF MISSOURI



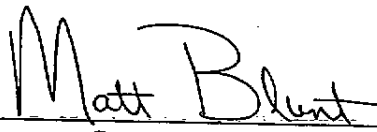
Matt Blunt
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri,
do hereby certify that the records in my office and in my
care and custody reveal that
FAMILY RELIEF FUND

was incorporated under the laws of this State on the 7th
day of JUNE, 1999, and is in good standing, having fully
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my
hand and imprinted the GREAT SEAL of
the State of Missouri, on this, the
6th day of AUGUST, 2002.


Secretary of State

