# F03000006185

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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Office of Planned Giving

A Campaign for College of the Holy Cross

November 17, 2003

Secretary of State
State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

#### Gentlemen:

#### Enclosed are the following:

- Transmittal Letter;
- A copy of the Sworn Statement in Lieu of Annual Statements for Issuers of Donor Annuity Agreements, the original of which was forwarded to Bruce E. Lolofs the Office of Insurance Regulation;
- Filing fee in the amount of \$70.00.

Kindly forward your acknowledgment of registration to me after processing the same

Thank you for your cooperation and assistance in this matter.

Sincerely,

Director of Planned Giving

Carolyn J. Flynn



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 3, 2003

CAROLYNN FLYNN 1 COLLEGE STREET WORCESTER, MA 01610

SUBJECT: TRUSTEES OF THE COLLEGE OF THE HOLY CROSS

Ref. Number: W03000036340

We have received your document for TRUSTEES OF THE COLLEGE OF THE HOLY CROSS 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.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due that office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days of this letter,

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 803A00065078

Division of Comparations DO BOY 6227 Tallahagaaa Florida 22214

### TRANSMITTAL LETTER

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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:

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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:

<b>A</b> .	DIRECTORS	
	DIRECTORS	

Chairman:		<u>.</u>			_ <del>_</del>
Address:		<u> </u>	· · · <u>-</u>	<del></del>	<u></u>
Vice Chairman:				* : _ : _ :	
Address:				· · · · · · · · · · · · · · · · · · ·	
Director:					
Address:					· .
Director:					
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B. OFFICERS		<u> </u>	· . •		<u> </u>
President:	Rev. Michael C. McFarl	and, S.J.	<u></u>	· <del>****</del>	
Address:	1 College Street			>	03 <b>D</b> EC
Vice President:	Worcester, MA 01610 William J. Durgin (V.			66-5	Ter) E
Address:	1 College Street	· · · · · · · · · · · · · · · · · · ·		77 SS 25 SS 35 SS	— <u>ë</u> ₹ 0
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	-				
Treasurer:				·	
Address:					·
13. <b>M</b> (Sig	gary, you may attach an addendum to the a	ny officer listed in n	umber 12 of the ap	* *	**
	e President for Business (Typed or printed name and cap		·		<u>-</u> "
"" see ann	ual Report attached here	co and made	a part nere	COI.	



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 3, 2003

CAROLYNN FLYNN 1 COLLEGE STREET WORCESTER, MA 01610

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Tammi Cline Document Specialist

Division of Cornerations - P.O. BOY 6327 -Tallahasson, Florida 32314

Letter Number: 803A00065078



Office of Planned Giving

A Campaign for College of the Holy Cross

December 10, 2003

Ms. Tammi Cline Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Cline:

In accordance with your request, enclosed are:

- Corrected application containing the word "Corporation" on line 1 and "Upon qualification" on line 4;

Signature of William R. Durgin, Vice President and Treasurer of the College

on line 13.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Carolyn J. Flynn

Director of Planned Giving



# The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

November 7, 2003

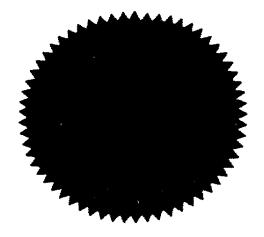
TO WHOM IT MAY CONCERN:

I hereby certify that

#### TRUSTEES OF THE THE COLLEGE OF THE HOLY CROSS

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on March 24, 1865 (Chapter 99 of the Acts of 1865).

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travino Galicin

Secretary of the Commonwealth

# SWORN STATEMENT IN EIEU OF ANNUAL STATEMENTS FOR ISSUERS OF DONOR ANNUITY AGREEMENTS

Issuer's Name (Issuer)

Address

State, Zip

Phone and Fax

College of the Holy Cross

1 College Street

Worcester, MA 01610

(508) 793-2482 Fax; (508) 793-2626

Please indicate whether or not you wish to have clarifications and communications regarding this statement sent to you by internet and if so, what email address they should be sent to:

No.

Donor Annuity Issuer's Contact Person

Carolyn J. Flynn

Donor Annuity Issuer's EIN

04-2103558

STATE OF MASSACHUSETTS

COUNTY OF WORCESTER

Rev. Michael McFarland, S.J., President. William R. Durgin, Treasurer, of the above named issuer, being duly sworn, each deposes and says that they are the above described officers of the said issuer, and that on the thirtieth day of June, 2003, which is the last day of the fiscal year of the issuer, and as described in the initial notification form submitted to the Florida Department of Insurance, the issuer is in compliance with all requirements of Section 627.481, Florida Statutes, and Chapter 4-202, Florida Administrative Code.

(Corporate Seal)

President

Treasurer

Notary Public

My Commission expires:

Marcid 26, 2010