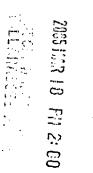
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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Family Christian Ministries, Inc.	
	(Name of Corporation – must include suffix)	
Dear S	Sir or Madam:	
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorizat rs in Florida", "Certificate of Existence", and check are submitted to register profit corporation to conduct its affairs in Florida.	
Please	e return all correspondence concerning this matter to the following:	
	Sanford Kravette	
	(Name of Person)	
	Family Christian Ministries, Inc.	210
	(Firm/Company)	
	2600 East Main Street	
	(Address)	' is
	Center Conway, NH 03813	00
	(City/State and Zip Code)	
For fu	urther information concerning this matter, please call:	
Sanfo	ord Kravette at (603) 662-6156	
	(Name of Person) (Area Code & Daytime Tel	ephone Number)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING AI Registration Sc Division of Co Division of Co P. O. Box 6327 Tallahassee, FL	ection rporations 7
Enclos	sed is a check for the following amount:	
□ \$70	0.00 Filing Fee \$\square\$ \$78.75 Filing Fee & \$\square\$ \$78.75 Filing Fee & Certified Copy	

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 Chri	stian Ministries, Inc.						
(Name of corp import in langue in the name at	oration: must include t uage as will clearly ind present. "Company" or	he word "INCORPORAT licate that it is a corporation of "Co." may not be used a	ED" or "CORPORATION' on instead of a natural persons a corporate suffix by a no	or words or at on or partnershi nprofit corpora	breviatio p if not so tion.)	ns of like contain	ē ed
2. Massachuse			MA FEI: 000886930 (I				
		which it is incorporated)		er, if applicable			-
<u> </u>	25/2005	5	Respectivel				
"- / (Date of Incorporation)	,	(Duration: Year corp. w	ill cease to exis	t or "perp	etual")	-
6. n/a							
(Date first con-	ducted affairs in Florida	if prior to registration. See	sections 617.1501 & 617.15	502, F.S, to deter	rmine pen	alty liabi	lity.)
7 Family Chris	stian Ministries, 93 R	ipley Road, Cohasset, I	Massachusetts 02025				
/·			office address)				-
Family Chris	tion Ministries 2600	East Main Street, Cent	or Conwoy NH 03913				
Family Chris	tian willistres, 2000		mailing address)				-
Religious, no	on-profit (chapter 180) organization (bible st	udy, performing arts, & in	tl. missions ou	itreach n	ninistry)	
(Purpose(s) of	corporation authorized	d in home state or country	to be carried out in the star	te of Florida)			-
O Name and st	reat address of Floric	do registered egent: (D (D. Box NOT acceptable)		رائرہ آئیں میں است وہ بر سید	2055 H.i.R	الإرساءة
7. Name and <u>st</u>	rece address of Floric	ia registered agent. (1.)	o. Box <u>No1</u> acceptable)		1 June Seeg (14)		,
Name	Robert Huguenin				77.77° 10.72		* * * * * * * * * * * * * * * * * * *
Name.					6.2		; ; ;
Office Address	: 4224 Coastal Hwy						
		<u> </u>			1	2:	
	Crawfordville	762	, Florida <u>32327-4208</u>	775. 0.33		. 00	
		(City)		(Zip Code)			
Having been no designated in ti further agree to	his application, I he o comply with the pr	igent and to accept services accept the appoint to the contract of all statutes are the contract of the contra	vice of process for the ab tment as registered agent relative to the proper an osition as registered age	t and agree to d complete pe	act in th	tis caná	city. I
	_ ko	1 14					
		(Registered	Aent'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:

٨	n	$\mathbf{p}\mathbf{r}$	ΓT	ΩR	C

Chairman; Sanford Kravette		
Address: 2600 East Main Street, Center Conway, NH 03813		
Vice Chairman: Christine Kravette		
Address: 2600 East Main Street, Center Conway, NH 03813		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Sanford Kravette		 -
Address: 2600 East Main Street, Center Conway, NH 03813		 _
Vice President:	>> 02	2005
Address:		5
	235	
Secretary: Christine Kravette	li e	-P
Address: 2600 East Main Street, Center Conway, NH 03813		2:
Treasurer: Sanford Kravette	j. [61]	6
Address: 2600 East Main Street, Center Conway, NH 03813		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or direc	ctors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic	ation)	
14. Sanford Kravette, President		
(Typed or printed name and canacity of person signing application)		



.The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin Secretary of the Commonwealth

February 2, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that

FAMILY CHRISTIAN MINISTRIES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 25, 2005 (Chapter 180).

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.

Secretary of the Commonwealth