

# F05000002652

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(Requestor's Name)

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(City/State/Zip/Phone #)

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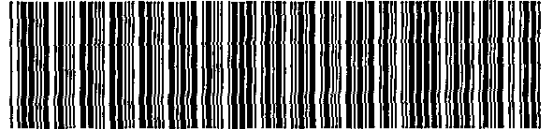
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(Business Entity Name)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** William Taylor 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 E. Smith  
(Name of Person)

William Taylor Foundation  
(Firm/Company)

236 W. Reade Ave.  
(Address)

Upland, IN 46989-1001  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Smith at (765) 998-5239  
(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

SEP 22 2003

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. THE William Taylor Foundation

(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. Indiana 3. 35-6047122  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 5, 1933 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 236 W. Reade Ave. Upland, IN 46989  
(Principal office address)

236 W. Reade Ave. Upland, IN 46989  
(Current mailing address)

8. Issuing Gift Annuities  
(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: Dr. Wellington Chiu

Office Address: 6480 Deacon Circle

Windermere, Florida 34786  
(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.*



(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

14. Kenneth E. Smith, Executive Director  
(Typed or printed name and capacity of person signing application)

W I L L I A M  
T A Y L O R  
F O U N D A T I O N

***BOARD OF DIRECTORS  
2004-05***

<b>Beaverson, Mr. Roger</b> *	<u>11049 Innisbrooke Ln, Fishers, IN 46038</u> CPA Res 317-849-4739 Fax 317-849-2840 rebeav@msn.com
<b>Blum, Mr. James</b> *	Brotherhood Mutual Insurance Co, PO Box 2227, 6400 Brotherhood Way, Chairman/President Fort Wayne IN 46801-2227 Office 260-482-8668 Fax 260-483-7525 <u>2107 Longleaf Dr., Fort Wayne IN 46814</u> Res 260-625-4168 jblum@brotherhoodmutual.com
<b>Chiu, Dr. Wellington</b> *	Chiu Capital LLC Managing Member <u>6480 Deacon Circle, Windermere FL 34786</u> Office/Res 407-909-0855 Fax 407-909-0858 drwyc@aol.com
<b>Dickinson, Mrs. Barbara</b> *	<u>2020 Lake Heather Drive, Birmingham AL 35242</u> Homemaker Res 205-991-7111 Fax 205-991-9263 dougbarb@bellsouth.net
<b>Gearhart, Mr. Thomas</b> +	<u>Northwest Financial Network, 211 S Washington, Marion IN 46952</u> CLU Office 765-662-0411 Fax 765-664-4675 1622 E Parkview Dr, Marion IN 46952 Res 765-668-7682 tom.gearhart@nmfn.com
<b>Gyertson, Dr. David</b> @	<u>Taylor University, 236 W Reade Ave, Upland IN 46989-1001</u> President Office 765-998-5201 Fax 765-998-4925 711 Reade Ave, Upland IN 46989-1001 Res 765-998-5172 president@taylor.edu
<b>Haines, Mr. Paul Lowell</b> *	<u>Baker &amp; Daniels, 300 N Meridian St, Suite 2700, Indianapolis, IN 46204-1782</u> Partner/ Indianapolis Office Office 317-237-1369 Fax 317-237-1000 10922 Brigantine Dr, Indianapolis, IN 46256 Res 317-841-8391 plhaines@bakerd.com
<b>Hazen, Mr. Harold</b> +	<u>Taylor University, 236 W Reade Ave, Upland, IN 46989</u> Vice President for Advancement Office 765-998-5389 Fax 765-998-4910 6831 Covington Creek Trail, Fort Wayne, 46804 Res 260-432-7529 hrhazen@taylor.edu
<b>Steiner, Mr. Paul</b> +	<u>1825 Florida Drive, Fort Wayne IN 46805</u> Res 260-426-1545 pasteiner@juno.com

**Sutherland, Mr. Ron** +  
V.P. for Business and Finance

Taylor University, 236 W Reade Ave, Upland, IN 46989  
Office 765-998-5118 Fax 765-998-4910  
625 W Warkentin Ct, Upland, IN 46989  
Res 765-998-0149  
[rnsutherl@taylor.edu](mailto:rnsutherl@taylor.edu)

**Whiteman, Mr. Steven**  
Former Pres. & Ceo of Viasoft

12308 N 119<sup>th</sup> St., Scottsdale, AZ 85259-3234  
Res 480-614-1885  
[whiteman5@worldnet.att.net](mailto:whiteman5@worldnet.att.net)

**Zurcher, Mr. Paul** +  
President/Owner

Zurcher's Tire Inc, 101 Polk Street, Monroe IN 46772  
Office 260-692-6171 Fax 260-692-6646  
PO Box 187, Monroe IN 46772  
Res 260-692-6549  
[mzurcher@parlorcity.com](mailto:mzurcher@parlorcity.com)

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#### NON-VOTING MEMBERS

**Smith, Kenneth**  
Executive Director WTF

Taylor University, 236 W Reade Avenue, Upland IN 46989-1001  
Office 765-998-5239 Fax 765-998-4850  
Res 765-998-1005  
[knsmith@taylor.edu](mailto:knsmith@taylor.edu)

Preferred Address Underlined

\* *TU Appointed*  
+ *WTF Elected*  
@ *By Position*

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

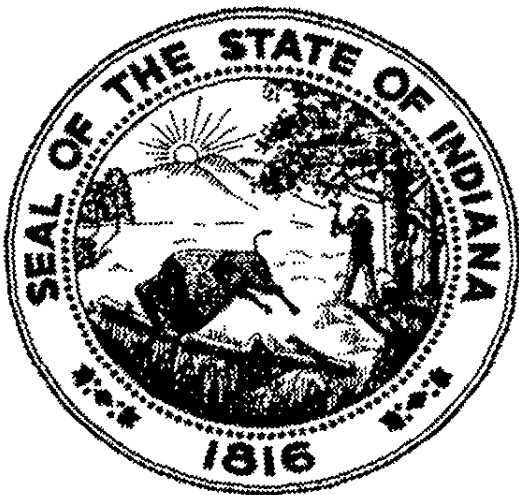
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**THE WILLIAM TAYLOR FOUNDATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 05, 1933, and was in existence or authorized to transact business in the State of Indiana on July 01, 2003.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this First Day of July, 2003.

A handwritten signature in cursive script that reads "Todd Rokita".

TODD ROKITA, Secretary of State