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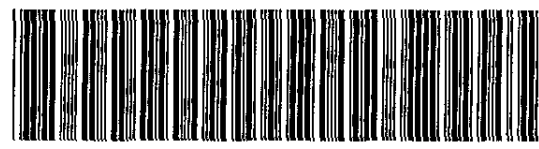
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERGENCY ASSISTANCE PROGRAM FOR SURVIVORS, INC. ("TAPS")
(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 correspondence concerning this matter to the following:

JOHN P. McKIM, CPA

(Name of Person)

JOHN P. McKIM, CERTIFIED PUBLIC ACCOUNTANT

(Firm/Company)

10 WEST STREET

(Address)

ANNAPOLIS, MARYLAND 21401

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN P. McKIM
(Name)

PA
(Person)

at (410) 263-1204

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. West
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

APPLICANT

BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE
A FOREIGN NOT
OF FLORIDA:

SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER
A NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE

1. **TRAGEDY AS**

(Name of corporation
language as will
at present. "Corporation")

VOICE PROGRAM FOR SURVIVORS, INC. ("TAPS")

must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in
indicate that it is a corporation instead of a natural person or partnership if not so contained in the name
"Inc." or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **ALASKA**

(State or country of incorporation)

3.

92-0152268

(FEI number, if applicable)

4.

10/11/1994

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corporation will cease to exist or "perpetual")

6.

(Date first conducted business in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

N/A

7. **1621 CONNELL**

1 AVENUE, NW, SUITE 300, WASHINGTON, DC 20009

(Principal office address)

220 WEST STREET

ANNAPOLIS, MARYLAND 21401

(Current mailing address)

8. **PROVIDE NATIONAL**

(Purpose(s) of corporation)

MILITARY SURVIVOR PEER SUPPORT NETWORK, OFFERING GRIEF COUNSELING REFERRAL, ETC.

(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 **NOT** acceptable)

Name:

TAPS CORPORATION SYSTEM

Office address:

5, PINE ISLAND RD

ANNAPOLIS

(City)

Florida 38324

(Zip Code)

10. **Registered Agent**

Having been named in this application as the registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

I, the undersigned, do hereby 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, and I am familiar with and accept the obligations of my position as registered agent.



Judith B. Argao
Asst. Secretary & V. Preside.

(Registered Agent's signature)

11. Attached is a copy of the 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 state of Florida.

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 state of Florida.

954-473-5503
SECTION 617.1503
NOT FOR PROFIT CORPORATION
MAY 11 1994

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

A. DIRECT

Chairman: E IE CARROLL

Address: 1 CONNECTICUT AVENUE, NW, SUITE 300

W ASHINGTON, DC 20009

Vice Chairma _____

Address: _____

Director: BC IE CARROLL

Address: 16 CONNECTICUT AVENUE, NW, SUITE 300

WA ASHINGTON, DC 20009

Director: DA SUDNICK

Address: 162 CONNECTICUT AVENUE, NW, SUITE 300

WA ASHINGTON, DC 20009

B. OFFICER:

President: BO IE CARROLL

Address: 1621 CONNECTICUT AVENUE, NW, SUITE 300

WAS ASHINGTON, DC 20009

Vice President: _____

Address: _____

Secretary: DA SUDNICK

Address: 1621 CONNECTICUT AVENUE, NW, SUITE 300, WASHINGTON, DC 20009

Treasurer: DA SUDNICK

Address: 1621 CONNECTICUT AVENUE, NW, SUITE 300, WASHINGTON, DC 20009

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

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

14. _____ **DANIEL SUDNICK, SECRETARY/TREASURER**
(Typed or printed name and capacity of person signing application)

2005-8 P.1 150
SECRET
FBI
WASHINGTON, DC

Alaska Entity # 54777D

State of Alaska
Department of Commerce, Community, and Economic
Development

**CERTIFICATE
OF
GOOD STANDING**

THE I
Devel
hereby
DESIGNED, as Commissioner of Commerce, Community, and Economic
nt of the State of Alaska, and custodian of corporation records for said state,
of as that

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)

on the
Corpor
lay of August, 2002 filed in this office its Articles of Incorporation, as a Nonprofit
organized under the laws of this state.

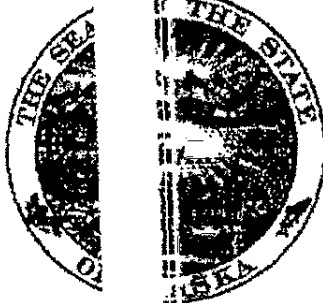
I FUR
compli
I CERTIFY that said Nonprofit Corporation is in good standing, having fully
all the requirements of this office.

No info
practice
on is available in this office on the financial condition, business activity or
his corporation.

IN TESTIMONY WHEREOF, I execute this certificate and
affix the Great Seal of the State of Alaska on the 9th day of
March, 2005.

Edgar Blatchford

Edgar Blatchford
Commissioner



Certification on N
Verify this certif

<https://myalaska.state.ak.us/business/soskb/verify.asp>