

F05000004409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

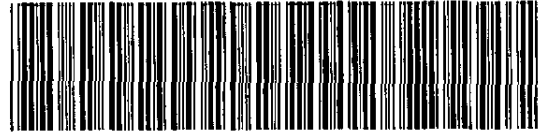
Special Instructions to Filing Officer:

W05-22182

637,644,662

Office Use Only

547
167,663,547



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TALLAHASSEE, FLORIDA

05 JUL 26 AM 7:35



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 21, 2005

DAVID W. PARKERSON
PO BOX 34758
MEMPHIS, TN 38184

SUBJECT: HOMELIFE ACADEMY, INC.
Ref. Number: W05000022182

We have received your document for HOMELIFE ACADEMY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 305A0004245

STATE
TALLAHASSEE, FLORIDA

05 JUL 26 AM 7:35



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 3, 2005

DAVID W. PARKERSON
PO BOX 34758
MEMPHIS, TN 38184

SUBJECT: HOMELIFE ACADEMY, INC.
Ref. Number: W05000022182

We have received your document for HOMELIFE ACADEMY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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 this office.)

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 205A00031383

05 JUL 26 AM 7:35
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME LIFE ACADEMY, INC.
(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:

DAVID W. PARKERSON
(Name of Person)

HOME LIFE ACADEMY, INC.
(Firm/Company)

PO BOX 34758
(Address)

MEMPHIS, TN 38184
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

05 JUL 26 AM 7:35
TALLAHASSEE, FLORIDA

**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:

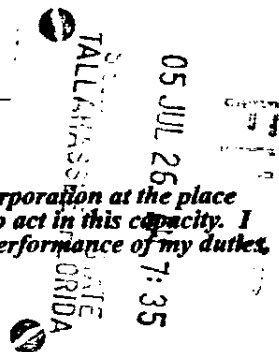
1. HOMELIFE ACADEMY, INCORPORATED
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. FLORIDA TENNESSEE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/31/03 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. WOW QUALIFICATION
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. PO BOX 34758, MEMPHIS, TN 38184
(Principal office address)
PO BOX 186, LLOYD, FL 32337
(Current mailing address)
8. Education
(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: Dan Johnson
Office Address: 900 Hiawatha Farms Rd.
Monticello, Florida 32344
(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.

Dan P. Johnson
(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: < ATTACHED >

A. DIRECTORS

Chairman: David Parkerson

Address: same

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

14. DAVID PARKERSON CHAIRMAN
(Typed or printed name and capacity of person signing application)

05 JUL 26 AM 7:35
TALLAHASSEE, FLORIDA

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/24/2005
REQUEST NUMBER: 05083521
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/31/2003
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0456761
JURISDICTION: TENNESSEE

TO:
HOMELIFE ACADEMY
%DAVID PARKERSON
PO BOX 34758
MEMPHIS, TN 38184

REQUESTED BY:
HOMELIFE ACADEMY
%DAVID PARKERSON
PO BOX 34758
MEMPHIS, TN 38184

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"HOMELIFE ACADEMY"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/24/05

FROM:
HOMELIFE ACADEMY
P.O. BOX 34758
MEMPHIS, TN 38184-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003687763
ACCOUNT NUMBER: 00439515



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE