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2005 SEP 23 A 12

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

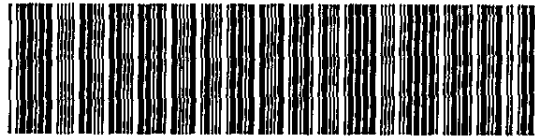
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mays Mission for the Handicapped, Inc.  
(Name of Corporation - must include suffix)

FILED  
200 SEP 23 A 12

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:

Sherry Niehaus

(Name of Person)

Mays Mission for the Handicapped, Inc.

(Firm/Company)

604 Colonial Dr.

(Address)

Heber Springs, AR 72543

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Niehaus

(Name of Person)

at ( 501 ) 362-7526

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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. Mays Mission for the Handicapped, Inc.

(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. Arkansas

(State or country under the law of which it is incorporated)

3. 71-0445210

(FEI number, if applicable)

4. 7/14/1980

(Date of incorporation)

5. Perpetual

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

6. 1976

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

7. 604 Colonial Dr., Heber Springs, AR 72543

(Principal office address)

Same as above.

(Current mailing address)

8. Mays Mission is dedicated to assisting the disabled & promoting public awareness on disabilities.

(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: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd, Suite 101

Tallahassee

(City)

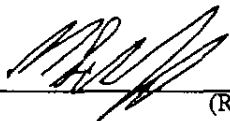
Florida

32301

(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.*



Mark Schiff AVP

(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: Don Cox

Address: 800 W Walnut  
Heber Springs, AR 72543

Vice Chairman: \_\_\_\_\_

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

Director: Kathy Waldron

Address: 608 Colonial Dr.  
Heber Springs, AR 72543

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Sherry Niehaus

Address: 2208 Misty Ln.  
Heber Springs, AR 72543

Vice President: Don Cox

Address: 800 W Walnut  
Heber Springs, AR 72543

Secretary: Edward Lacy

Address: 2319 Hwy 110 W, Heber Springs, AR 72543

Treasurer: A Kay Mansell

Address: 74 Bridal Veil Estates, Heber Springs, AR 72543

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

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

14. Sherry Niehaus, President  
(Typed or printed name and capacity of person signing application)

Business Services Division  
State Capitol Building  
Little Rock, Arkansas 72201-1097



Charlie Daniels  
Secretary of State

September 12, 2005

Office of the Secretary of State  
**Rejection Notice**

Page 1 of 1

MAYS MISSION FOR THE HANDICAPPED, INC.  
Sherry Niehaus  
604 Colonial Dr.  
Heber Springs, Ar 72545-8090 USA

Re: MAYS MISSION FOR THE HANDICAPPED, INC., FILE # 100033505

Document Number: 4482560002

This office has received and reviewed the above referenced document. The review reveals the following objections to the filing of the document. The document and check is being returned to you for correction and resubmission. If you have any questions about the rejection of this filing, please call the representative below.

Reasons for Rejection

- A certificate of existence is not applicable to non profit entities since they are exempt from filing franchise taxes.

Sincerely,

sue.stiles  
Business Services Division



**Arkansas Secretary of State  
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**MAYS MISSION FOR THE HANDICAPPED, INC.**

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office July 14, 1980.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of September 2005.

A handwritten signature of Charlie Daniels in cursive script, written in black ink.

Charlie Daniels  
Secretary of State

Online Certificate Authorization Code: 5a8efb777e25fda

To verify the Authorization Code, visit [www.sosweb.state.ar.us](http://www.sosweb.state.ar.us)