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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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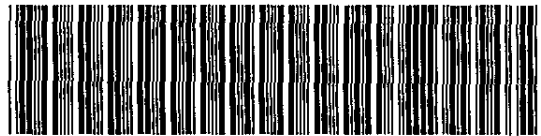
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Full Gospel Baptist Bible Institute, 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:

Rev. Justin Cohen, Th.M.

(Name of Person)

Full Gospel Baptist Bible Institute, Inc.

(Firm/Company)

P.O. Box 42779

(Address)

Philadelphia, PA 19101

(City/State and Zip Code)

For further information concerning this matter, please call:

Rev. Justin Cohen, Th.M.

(Name of Person)

at ( 800 ) 787-5309

(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

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**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. Full Gospel Baptist Bible Institute, 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. Pennsylvania

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

3. 20-3062425

(FEI number, if applicable)

4. 12/1/99

(Date of Incorporation)

5. Perpetual

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

6. N/A

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

7. P.O. Box 42779 Philadelphia, PA 19101

(Principal office address)

3948 3rd St. South, Suite # 129 Jacksonville Beach, FL 32250

(Current mailing address)

8. As a Christian School exclusively for charitable, religious, and educational purposes.

(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: Bimal Doolabh

Office Address: 3948 3rd St. South

Jacksonville Beach

(City)

, Florida 32250

(Zip Code)

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TALLAHASSEE, FLORIDA

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: Rev. Larry E. Ellington

Address: 418 W. Olney Ave. Philadelphia, PA 19120

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

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

**B. OFFICERS**

President: Rev. Justin Cohen, Th.M.

Address: 30 Burd Ave. Upper Darby, PA 19082

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

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

Secretary: Latoya C. Cohen

Address: 30 Burd Ave. Upper Darby, PA 19082

Treasurer: Rev. Jay T. Harrison

Address: 701 Morton Ave. Chester, PA 19013

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

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

14. Rev. Justin Cohen, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**FEBRUARY 1, 2006**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**FULL GOSPEL BAPTIST BIBLE INSTITUTE**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pecho A. Contis*

**Secretary of the Commonwealth**