

F0600002058

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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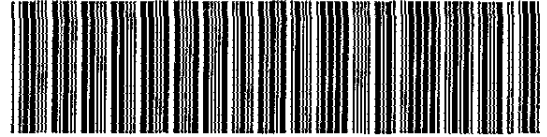
Special Instructions to Filing Officer:

W06-8944

Office Use Only

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CORRECT *Date to Date filed on cert.*
DATE *3-31-06*
DOC. EXAM *[Signature]*



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TALLAHASSEE, FLORIDA

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3/31/06

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER ASSOCIATION
(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:

SIDNEY A. LEE
(Name of Person)

AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER ASSOCIATION
(Firm/Company)

12208 PACIFIC HIGHWAY S.W.
(Address)

LAKEWOOD, WA 98499
(City/State and Zip Code)

For further information concerning this matter, please call:

SIDNEY A. LEE at (589) 0766
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:
New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

SIDNEY A. LEE
AFRICAN AMERICAN POST TRAUMATIC STRESS
12208 PACIFIC HIGHWAY S.W.
LAKEWOOD, WA 98499

SUBJECT: AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER
ASSOCIATION, INCORPORATED
Ref. Number: W06000008944

We have received your document for AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER ASSOCIATION, INCORPORATED and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6934.

Loria Poole
Document Specialist

Letter Number: 806A00012657

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. AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER ASSOCIATION, 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. WASHINGTON (State or country under the law of which it is incorporated) 3. 91-1961490 (FEI number, if applicable)

4. JANUARY 24, 1996 4-16-99 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

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

7. 12208 PACIFIC HIGHWAY S.W. - LAKEWOOD, WA 98499 (Principal office address)

225 MODEST STREET - LAKELAND, FL 33805 (Current mailing address)

TO ASSIST VETERANS AND THEIR DEPENDENTS IN FILING CLAIMS FOR VETERANS

8. BENEFITS AND TO BE A LEGAL REPRESENTATIVE ACCREDITED BY CONGRESS (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: JOHN LAGUNERO

Office Address: 225 MODEST STREET

LAKELAND, Florida 33805 (City) (Zip Code)

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FILED

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.

John E. Lagunero (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: WILLIAM BLACK

Address: PO BOX 8742
TACOMA, WA 98408

Vice Chairman: MURIEL GIBSON

Address: 915 SECOND AVE
SEATTLE, WA 98174

Director: LOIS BROWN

Address: 6226 84TH STREET S.W
LAKEWOOD, WA 98499

Director: DONALD HALL

Address: 9120 CLOVER DR SE
OLYMPIA, WA 98516

B. OFFICERS

President: SIDNEY A. LEE

Address: 12208 PACIFIC HWY S.W
LAKEWOOD, WA 98499

Vice President: DONALD CURTIS

Address: 12208 PACIFIC HWY SW
LAKEWOOD, WA 98499

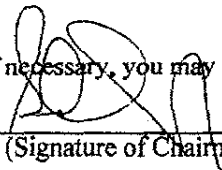
Secretary: ERIN BROWN CLARK

Address: 12208 PACIFI HWY S.W. - LAKEWOOD, WA 98499

Treasurer: WILLIE L. GRIFFIN

Address: 11522 108TH ST SW - LAKEWOOD, WA 98498

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. SIDNEY A. LEE, PRESIDENT
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

**THE AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER
(PTSD) ASSOCIATION**

I **FURTHER CERTIFY** that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 4/16/1999.

I **FURTHER CERTIFY** that as of the date of this certificate, THE AFRICAN AMERICAN POST TRAUMATIC STRESS DISORDER (PTSD) ASSOCIATION remains active and has complied with the filing requirements of this office.

Date: March 22, 2006

UBI: 601-948-807

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Sam Reed, Secretary of State

