

F07000000723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

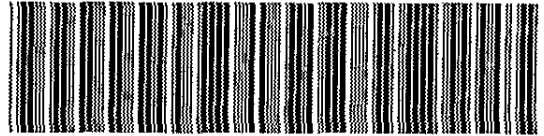
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd the
5th

Office Use Only



700087367237

02/06/07--01004--012 **78.75

07 FEB -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVAL
AND
FILED

B. McKnight FEB 07 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Christian Evangelistic Outreach Ministries
(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. Dr. Michael F. Commini

(Name of Person)

Christian Evangelistic Outreach Ministries

(Firm/Company)

8255 W. Sunrise Blvd.

PMB 103

(Address)

Plantation, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Rev. Dr. Michael Commini

(Name of Person)

at (954) 495-8396

(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

**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. **Christian Evangelistic Outreach Ministries, 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. **Louisiana**

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

3. **20-8174385**

(FEI number, if applicable)

4. **December 9, 1994**

(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. **8413 NW 26 Place, Sunrise, FL 33322**

(Principal office address)

8255 W. Sunrise Blvd., PMB 103, Plantation, FL 33322

(Current mailing address)

8. **To promote and proclaim the gospel message of Jesus Christ**

(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: **Rev. Dr. Michael F. Communi**

Office Address: **8255 W. Sunrise Blvd., PMB 103**

Plantation

(City)

Florida 33322

(Zip Code)

07 FEB -6 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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.

(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.

APPROVED
AND
FILED

07 FEB - 6 PM 2: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Executive Director, Rev. Dr. Michael F. Communi

Address: 8413 NW 26 Place, Sunrise, FL 33322

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Rev. Dr. Michael F. Communi

Address: 8413 NW 26 Place, Sunrise, FL 33322

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

14. Executive Director

(Typed or printed name and capacity of person signing application)

United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

CHRISTIAN EVANGELISTIC OUTREACH MINISTRIES

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on
December 12, 1994,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State as a Non-Profit Corporation.

07 FEB -6 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
January 22, 2007

Secretary of State
34480552N



Certificate ID: 20070122008201

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.
www.sos.louisiana.gov