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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4-13-07  
cc

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** International Children's Anophthalmia Network, 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:

Aram P. Megerian, Esq.

(Name of Person)

Cole, Scott & Kissane, P.A.

(Firm/Company)

5201 West Kennedy Blvd., Suite 750

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Aram Megerian

(Name of Person)

at ( 813 ) 289-9300

(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. International Children's Anophthalmia Network, 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 3. 31-1510365  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 2, 1996 5. Perpetual  
(Date of Incorporation) (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. 320 Norris Hall Lane, Jeffersonville, PA 19403  
(Principal office address)
- 5501 Old York Rd., Levy 2 West, PA 19141  
(Current mailing address)

8. Not-for-profit organization to develop and help connect parents of children with anophthalmia and microphthalmia (small or missing eyes) and to medical professionals.  
(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: Aram P. Megerian, Esq.

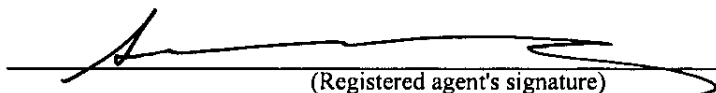
Office Address: 5201 W. Kennedy Blvd, Suite 750

Tampa, Florida 33609  
(City) (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: N/A

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

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Sherry Salatto

Address: 1084 South Main Street

Cheshire, CT 06410

Vice President: Jodi Dennis

Address: 936 Marseilles Galion Road W

Marion, OH 43302

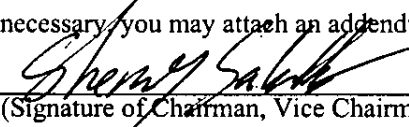
Secretary: Kelly DeRezza

Address: 13240 Pat Harris Road, Kevil, KY 42053

Treasurer: Adele Schneider

Address: Levy 2 West, 5501 Old York Rd., PA 19141

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

Addendum to 12 B of Application by Foreign Not for Profit Corporation for  
Authorization to Conduct its Affairs in Florida

**B. OFFICERS**

Member of Board: Nelly Gamino  
1818 Clarence Avenue  
Berwyn, IL 60402

Member of Board: Patricia Renfranz  
397 Middle Oak Lane  
Salt Lake City, UT 84108

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 2, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INTERNATIONAL CHILDREN'S ANOPHTHALMIA NETWORK

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.

*Pedro A. Cortis*

Secretary of the Commonwealth

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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