

FD8888888825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

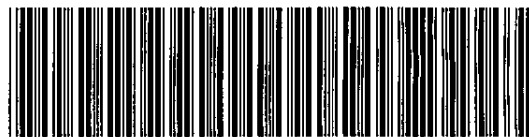
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/25

8-4251

TO: New Filing Section
Division of Corporations

(Name of Corporation – must include suffix)

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.

(Name of Person)

(Address)

(City/State and Zip Code)

(Name of Person)

(Area Code & Daytime Telephone Number)

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

☒ \$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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08 FEB 25 AM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2008

GERHARD J.W. MUNSTER
1751 MISSOURI AVE
SANFORD, FL 32771-9722

SUBJECT: SAFE-HAVEN MINISTRIES, INC.
Ref. Number: W08000004251

We have received your document for SAFE-HAVEN MINISTRIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 908A00005480

Safe-Haven Ministries, Health Services, Inc

FILED

08 FEB 25 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATE RESOLUTION

February 21, 2008

We:

Gerhard J. W. Munster, Chairman & President,

Jennifer Forristall, Vice Chairman,

Fern Schopfhauser, Secretary,

do hereby resolve that Safe-Haven Ministries, Inc., a Georgia non-profit corporation,

FEI #58-2133311

is operating in Florida and registers herewith with the Florida Department of State/Division of
Corporations as Safe-Haven Ministries Health Services, Inc.



Gerhard J. W. Munster, Chairman & President,



Jennifer Forristall, Vice Chairman,



Fern Schopfhauser, Secretary,

**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. **SAFE-HAVEN 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. **STATE OF GEORGIA**

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

3. **58-2133311**

(FEI number, if applicable)

4. **5/31/1994**

(Date of Incorporation)

5. **PERPETUAL PERPETUAL**

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

6. **JANUARY 16, 2008**

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

7. **1751 MISSOURI AVE, SANFORD, FL 32771-9722**

(Principal office address)

1751 MISSOURI AVE., SANFORD, FL 32771-9722

(Current mailing address)

8. **PROVIDE FREE SERVICES TO YOUNG CHILDREN IN NEED**

(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: **GERHARD J. W. MUNSTER**

Office Address: **1751 MISSOURI AVE**

SANFORD

(City)

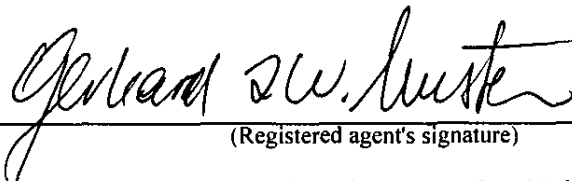
Florida **32771-9722**

(Zip Code)

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SECRETARY OF STATE
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: GERHARD J. W. MUNSTER

Address: 1751 MISSOURI AVE, SANFORD, FLORIDA 32771-9722

Vice Chairman: _____

Address: _____

Director: GERHARD J. W. MUNSTER

Address: 1751 MISSOURI AVE, SANFORD, FLORIDA 32771-9722

Director: _____

Address: _____

B. OFFICERS

President: GERHARD J. W. MUNSTER

Address: 1751 MISSOURI AVE, SANFORD, FLORIDA 32771-9722

Vice President: _____

Address: _____

Secretary: GERHARD J. W. MUNSTER

Address: 1751 MISSOURI AVE, SANFORD, FLORIDA 32771-9722

Treasurer: GERHARD J. W. MUNSTER

Address: 1751 MISSOURI AVE, SANFORD, FLORIDA 32771-9722

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. _____

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

Control No. K415550

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SAFE-HAVEN MINISTRIES, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 05/31/1994 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 16th day of January, 2008

Karen C Handel

Karen C Handel
Secretary of State