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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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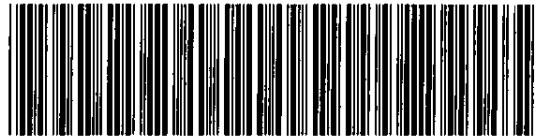
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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# COVER LETTER

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

**SUBJECT:** AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, 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:

PATRICIA MAXWELL  
(Name of Person)

AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, INC.  
(Firm/Company)

P.O. BOX 1586  
(Address)

LONGVIEW, TX 75606-1586  
(City/State and Zip Code)

For further information concerning this matter, please call:

NAN MITCHELL at (903) 643-9476  
(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

# 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. AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, 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. TEXAS

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

3. 75-2245195

(FEI number, if applicable)

4. 5/31/1988

(Date of Incorporation)

5. PERPETUAL

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

6. This organization does not conduct affairs in Florida, but merely solicits contributions via U.S. mail.

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

7. 300 N. GREEN ST., SUITE 412, LONGVIEW, TX 75601

(Principal office address)

P.O. BOX 1586 LONGVIEW, TX 75606-1586

(Current mailing address)

8. Fundraising solicitation via mail in Florida to support the mission, to assist persons afflicted with this disorder.

(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: Sara Patterson

Office Address: 2101 Paoli Dr. NE

Palm Bay, Florida 32907  
(City) (Zip Code)

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.*

Sara L Patterson  
(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: SEE ATTACHED LIST

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: JUDY HUNT

Address: 10908 NASSAU COURT NE

BLAINE, MN 55449

Vice President: THEO KOTJARAPOGLUS

Address: 1291 KUHN RD

BOILINGS SPRINGS, PA 17007

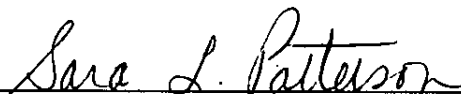
Secretary: SARA PATTERSON

Address: 2101 PAOLI DR. NE, PALM BAY, FL 32907

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. Sara Patterson, secretary  
(Typed or printed name and capacity of person signing application)

## ASAP Board of Directors and Staff Contact List

### Officers

**Judy Hunt, President**  
10908 Nassau Court NE  
Blaine MN 55449  
Home: 763-795-9980  
Fax: 763-795-9981  
Cell: 612-741-9321  
Judy\_Hunt@ASAP.org  
heyjudewriter@comcast.net

**Theo Kotjarapoglus, Vice President**  
1291 Kuhn Rd  
Boiling Springs PA 17007  
Phone: 717-243-8650  
Theok@comcast.net

**Sara Patterson, Secretary**  
2101 Paoli Dr NE  
Palm Bay FL 32907  
Home: 321-723-4970  
sarap@cfi.rr.com

### Board Members at Large

**Arnold H. Menezes, MD**  
*Medical Advisory Board Chair*  
Professor and Vice Chairman  
Department of Neurosurgery  
U of Iowa Hospitals & Clinics  
Iowa City IA 52245  
Phone: 319-356-2768  
arnold-menezes@uiowa.edu and  
mary-jo-piper@uiowa.edu

**Patrice Schaublin**  
700 Admiral Lane  
Durham NC 27705  
Home: 919-382-8658  
Cell: 585-747-9651  
Patrices@nc.rr.com

**Karen Spiroff**  
12408 Gayton Station Blvd  
Richmond VA 23233  
Home: 804-360-8746  
kssk@comcast.net

**Richard H. Zimmer**  
3619 Betsy Ross  
San Antonio TX 78230  
Home: 210-696-3640  
zimee11@aol.com

### Staff

**Patricia Maxwell**  
Operations Admin  
Patricia\_Maxwell@ASAP.org  
**Jamie Mayhan**  
Asst Operations Admin  
Jamie\_Mayhan@ASAP.org

ASAP Inc  
300 N Green St Suite 412  
Longview TX 75601  
1-800-272-7282 (voicemail only)  
Office: 903-236-7079  
Fax: 903-757-7456  
info@ASAP.org

**Dick Hellner**  
Executive Director  
50 Biscayne Dr NW Ste 3104  
Atlanta, GA 30309  
404-355-2520  
Dick\_Hellner@ASAP.org

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

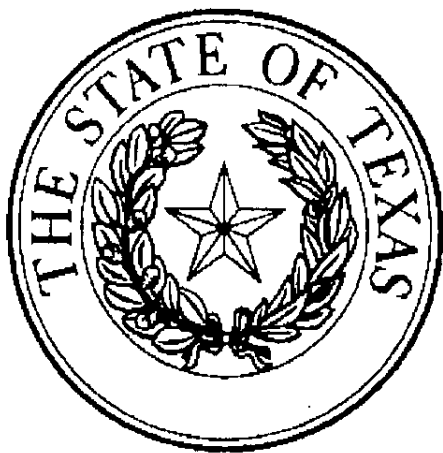
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, INC. (file number 107866701), a Domestic Nonprofit Corporation, was filed in this office on May 31, 1988.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 17, 2008.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State