

FD9000001572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

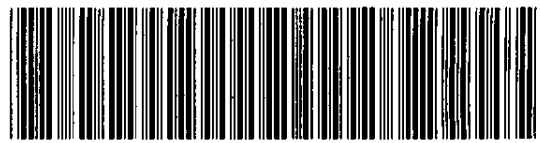
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

*[Handwritten signature]*  
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04/03/09--01018--019 \*\*70.00

APPROVED  
AND  
FILED  
09 APR 16 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3-30-09

**Please find enclosed the cover letter, application, and the certificate of existence along with the check for payment of \$ 70.00 for a foreign not for profit corp. to conduct its affairs in Florida.**

**Also, please find the application and check for payment of \$ 50.00 for registration of a fictitious name to DBA in the state of Florida.**

**Thank you for all your help in this matter.**

**If there are any questions, please contact me at 727-641-4284.**

**Sincerely,  
Lynne Knowles  
Florida Regional Treasurer**

A handwritten signature in cursive script, appearing to read "Lynne Knowles", written in black ink.

**COVER LETTER**

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

**SUBJECT:** NAR ANON FAMILY GROUP HEADQUARTERS 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:

LYNNE KNOWLES

(Name of Person)

(Firm/Company)

2322 DORA DRIVE

(Address)

CLEARWATER, FLORIDA 33765

(City/State and Zip Code)

For further information concerning this matter, please call:

LYNNE KNOWLES

(Name of Person)

at (727) 641-4284

(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

April 13, 2009

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Nar-Anon Family Group Headquarters  
Reference # W09000016229

RECEIVED  
DEPARTMENT OF STATE  
09 APR 16 PM 12:31

Dear Mrs. Poole,

I've received your letter dated April 7, 2009 pursuant to the above-referenced business matter pertaining to my submittal of Application By Foreign Not For Profit Corporation For Authorization To Conduct It's Affairs in Florida.

Your April 7, 2009 letter has indicated that NAR-ANON Family Group is due a civil penalty of \$1,061.25 for conducting business in Florida since its inception. I called your office after receipt of your April 7th letter to explain that our NAR-ANON Group here in Florida has conducted no business, financial or otherwise, as we are awaiting approval of the application I submitted.

Your office indicated to me in our phone conversation that this penalty of \$1,061.25 was due pursuant to the fact that we had been operating as a non-profit business since November 1, 2008, which is the date I filled out on Line 6 of said application.

The November 1, 2008 date is not a date of inception of conducting business but is the date we initially began discussions about organizing a Florida chapter of NAR-ANON. Therefore, I incorrectly filled out Line 6 of our application and this line should have been left blank as we are awaiting approval of our application before we can conduct any business.

I ask that you resubmit my application with this explanation of the information on Line 6 and also waive the \$1,061.25 penalty fees. I trust this will meet your criteria for submittal of our application and if you need any additional information to grant said application please do not hesitate to contact me.

Thank you,



Lynne Knowles

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 16 PM 1:45

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2009

LYNNE KNOWLES  
2322 DORA DRIVE  
CLEARWATER, FL 33765

SUBJECT: NAR ANON FAMILY GROUP HEADQUARTERS INC  
Ref. Number: W09000016229

We have received your document for NAR ANON FAMILY GROUP HEADQUARTERS 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,061.25.

Please return your document, along with 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  
Regulatory Specialist II

Letter Number: 409A00011678

**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. NAR-ANON FAMILY GROUP HEADQUARTERS 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. CALIFORNIA 3. 33-0049708  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-18-1971 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11-01-08 (REGION OF FLORIDA FORMED, CALLED "FLORIDA REGION NAR-ANON") NO FINANCIAL BUSINESS HAS BEEN CONDUCTED  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 22527 CRENSHAW BLVD SUITE# 200 B TORRANCE, CA 90505  
(Principal office address)

2322 DORA DR CLEARWATER, FL 33765  
(Current mailing address)

8. NON PROFIT SUPPORT GROUP FOR FRIENDS AND FAMILY OF NARCOTIC ADDICTS  
(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: LYNNE KNOWLES

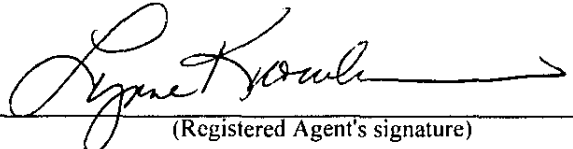
Office Address: 2322 DORA DR

CLEARWATER, Florida 33765  
(City) (Zip Code)

09 APR 16 PM 1:45  
 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.

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

**A. DIRECTORS**

Chairman: ED LAKE

Address: 8310 83<sup>RD</sup> STREET  
SEMINOLE, FLORIDA 33777

Vice Chairman: KATHY BARTON

Address: PO BOX 1699  
AUBURDALE, FLORIDA 33823

Director: NA

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

Director: NA

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

**B. OFFICERS**

President: NA

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

Vice President: NA

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


Secretary: JOHN MIDDLETON

Address: 1111 NORTH BAYSHORE BLVD #E-11 CLEARWATER, FL 33759

Treasurer: LYNNE KNOWLES

Address: 2322 DORA DR CLEARWATER, FL 33765

**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. LYNNE KNOWLES, TREASURER  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** NAR-ANON FAMILY GROUP HEADQUARTERS

**FILE NUMBER:** C0626828  
**FORMATION DATE:** 06/18/1971  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of March 20, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State