

FD9000002042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

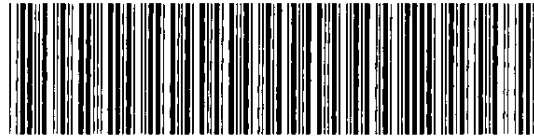
(Business Entity Name)

(Document Number)

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

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RECEIVED  
09 MAY -8 AM 11:21  
FILED  
2009 MAY -8 P 2:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**FILED**

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

2009 MAY -8 P 2: 22

**SUBJECT:** Kristin Brooks Hope Center  
Name of Corporation - must include suffix

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Reese Butler

Name of Person

Kristin Brooks Hope Center

Firm/Company

1250 24th Street NW

Suite 300

Address

Washington, D.C. 20037

City/State and Zip Code

reese@hopeline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reese Butler

Name of Person

at ( 202 )

536-3200

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. Kristin Brooks Hope Center 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. 68-.342550  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/07/1993 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. May 23rd 2009  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1250 24th Street NW Suite 300 Washington, D.C. 20037  
(Principal office address)
- same  
(Current mailing address)
8. Benefit fundraiser  
(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: Paul Gregg
- Office Address: 634 Lower 8th Ave. South
- Jacksonville, Florida 32250  
(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.*

Paul Gregg  
(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:

**FILED**

**A. DIRECTORS**

Chairman: Pope Simmons

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Address: 1537 15th St. NW Washington, D.C. 20005

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: Reese Butler

Address: 2628 Cecil Drive

Chester, MD 21619

Director: Coree Silvera

Address: 541 S Dodge St. Gilbert, AZ 85233

Director: Robert R. Pell-Dechame

Address: 165 Fort Road Ticonderoga NY 12883

**B. OFFICERS**

President: Reese Butler

Address: 2628 Cecil Drive

Chester, MD 21619

Vice President: Coree Silvera

Address: 541 S Dodge St. Gilbert, AZ 85233

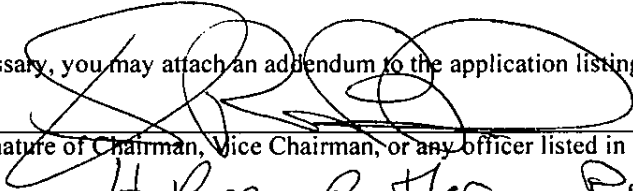
Secretary: Robert R. Pell-Dechame

Address: 165 Fort Road Ticonderoga NY 12883

Treasurer: Pope Simmons

Address: 1537 15th St. NW Washington, D.C. 20005

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. H. Reese Butler President  
(Typed or printed name and capacity of person signing application)

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

**FILED**

**CERTIFICATE OF STATUS**

**2009 MAY -8 P 2: 22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ENTITY NAME:**

**KRISTIN BROOKS HOPE CENTER**

**FILE NUMBER: C1862705**  
**FORMATION DATE: 07/15/1993**  
**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 May 20, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**