

F 09000002949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

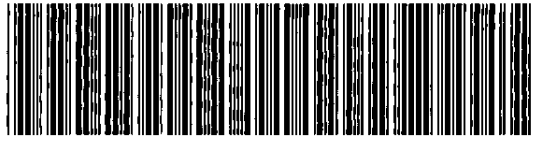
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W09-21393



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DIVISION OF CORPORATIONS
2009 JUL 21 PM 4:25

gf 7/23/09

COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: ALABASTER COUNSELLING SERVICE INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DOROTHY SANDERS

(Name of Person)

ALABASTER COUNSELLING SERVICE

(Firm/Company)

508 E 24TH STREET

(Address)

LYNN HAVEN, FL, 32444

(City/State and Zip code)

For further information concerning this matter, please call:

DOROTHY SANDERS

(Name of Person)

at (. 850) 271-9595

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2009

DOROTHY SANDERS
508 E 24TH STREET
LYNN HAVEN, FL 32444

SUBJECT: ALABASTER COUNSELLING SERVICE
Ref. Number: W09000021393

We have received your document for ALABASTER COUNSELLING SERVICE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 109A00015370

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ALABASTER COUNSELLING SERVICE INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

THE BLESSING
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 95-3912670
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 26th 1984 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 803 HARRISON AVE. PANAMA CITY FL. 32401
(Principal office address)

508 E 24TH STREET LYNN HAVEN FL. 32444
(Current mailing address)

8. A COUNSELLING SERVICE THAT IS READILY AVAILABLE TO THE PUBLIC WITHOUT A FEE.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DOROTHY SANDERS

Office Address: 803 HARRISON AVE.

PANAMA CITY, Florida 32401
(City) (Zip code)

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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.

Dorothy Sanders
(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 business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: DOROTHY SANDERS
Address: 508 E 24TH STREET
LYNN HAVEN FL 32444

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Vice Chairman: TERESA D MAY
Address: 10219 GWYNN BROOK RD.
RICHMOND VA 23235

Director: DOROTHY SANDERS
Address: 508 E 24TH STREET
LYNN HAVEN FL 32444

Director: NONE
Address: _____

B. OFFICERS

President: DOROTHY SANDERS
Address: 508 E 24TH STREET
LYNN HAVEN FL 32444

Vice President: TERESA D MAY
Address: 10219 GWYNN BROOK RD.
RICHMOND VA 23235

Secretary: BRENDA JEFFERSON
Address: 1715 NORTH MAIN ST APT 1501 PARIS TX 75460

Treasurer: GARY JAMES PEARSON
Address: 2701 CAMRYNS CT. PANAMA CITY FL 32405

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Dorothy Sanders*
(Signature of Director or Officer listed in number 12 of the application)

14. DOROTHY SANDERS
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

ALABASTER COUNSELLING SERVICE

FILE NUMBER: C1305699
FORMATION DATE: 04/26/1984
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 July 13, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State