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# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2010

FREDERIC W WARNER 104 EAST 11TH AVENUE HOMESTEAD, PA 15120

SUBJECT: THE COMMUNITY OF THE CRUCIFIED ONE, INC.

Ref. Number: W10000007830

We have received your document for THE COMMUNITY OF THE CRUCIFIED ONE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1235.00.

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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 610A00003869

10 MAR -1 PN 12: 10



# THE COMMUNITY OF THE CRUCIFIED ONE, Inc.

104 E. 11th Ave, Homestead, PA 15120, USA 💠 PH 412 462 9537 💠 FX 412 462 4108 🔄 www.ccoministries.org

February 9, 2010

**Division of Corporations** 

PO Box 6327

Tallahassee, FL 32314

To whom it may concern;

Enclosed please find the paperwork and fee necessary for us to register as a Foreign Not for Profit Corporation doing business in your state. During the filing process it came to my attention that we may be liable for substantial penalties due to the fact that, while we have had a registered agent in Florida since 1998, this is the first time we are filing as a Foreign corporation. Please allow me to explain our situation and humbly request your waiver of the penalties. The Community of the Crucified One headquartered here in Homestead, Pennsylvania is a relatively small church with a dozen or so national locations and some overseas missions; total membership numbers less than 1500 people. In 1996, one of our Pastors, Leo J Benjamin, moved his family to Sunrise, Florida to take advantage of an employment opportunity. In 1998, he began a weekly Bible study and Prayer meeting in one of the rooms of his house. His home based fellowship remains the extent of our 'business or corporate' presence in Florida. We obviously should have registered back in 1998, but due to a lack of knowledge on our part, we did not. I took over as the financial agent here in Homestead back in November 2008 and assumed all of the proper and necessary filings were in place. As you can see, they were not. In spite of this, I am hoping that you will please waive the penalties we have incurred as a result of our tardy filing. My telephone number is 412.913.0215 if you would like to further discuss the matter or if you have any questions. Thank you for your consideration and understanding.

Sincerely yours,

Rev Frederic W. Warne

Rev. Frederic W Warner

## COVER LETTER

TO:	New Filing So Division of C				
SUBJ	ECT:	The Commur Name of Corpor	nity of theCrucified O	ne <sub>Incorpora</sub> ted	
Dear S	ir or Madam:				
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Cerificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all corresp	ondence concerning this r	natter to the following:		
			Frederic W Warner		
			Name of Person		
	Community of the Crucified One, Inc.				
		•	Firm/Company		
		10	M Foot 11th Avenue		
			04 East 11th Avenue Address	<del></del>	
			Address		
	Homestead, PA 15120				
		(	City/State and Zip Code		
		fredericwarr	ner@gmail.com		
	E-ma		future annual report notifica	tion)	
For furth	ner information o	concerning this matter, ple	ase call:		
	Frederic V	V Warner at	( 412 ) 462	2-9537	
	Name of	Person	Area Code & Daytime Te	lephone Number	
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		on orations	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed	is a check for th	ne following amount:			
<b>∑] \$7</b> 0.0	O 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. The Community of the Crucified One Incorporat (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbre import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation	viations of like
Popper lyonia a 25 400557	not so contained
2. Fernsylvania 3. 25-1303557	
2. Pennsylvania 3. 25-1303557  (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. June 3, 1976 5. perpetual (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or	n tiv
6. August 1998 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine	na nanalni liabilitu )
7. 9280 NW 21st Manor, Sunrise, FL 33322	
(Principal office address)	
same	
(Current mailing address)	P(1. 6)
	54 3
8. Encouraging & promoting evangelical programs pursuant to the tenets of the Chr (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	istian faith
(Purpose(s) of corporation authorized in nome state or country to be carried out in the state of Florida)	υ» · · · · · · · · · · · · · · · · · · ·
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	-0 0
	0= -
Name: Leo J Benjamin	AM ID: 09
	1ATE ORIDA
Office Address: 9280 NW 21st Manor	TATE ORIDA
Office Address: 9280 NW 21st Manor	TATE ORIDA
Office Address: 9280 NW 21st Manor	FATE ORIDA
Office Address: 9280 NW 21st Manor  Sunrise , Florida 33322 (City) (Zip Code)	TATE ORIDA
Office Address: 9280 NW 21st Manor  Sunrise , Florida 33322 (City) (Zip Code)  10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporate.	ration at the place
Office Address: 9280 NW 21st Manor  Sunrise , Florida 33322 (City) (Zip Code)  10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpordesignated in this application. I hereby accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the agent	ration at the place t in this capacity. I
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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: Jonathan M Stewart, Esq.	
Address: 105 East 11th Avenue	
Homestead, PA 15120	
Vice Chairman:	
Address:	
Director: James Buzzelli	
Address: 506 Wylie Avenue	
Clairton, PA 15025	
Director: James Scanlon	
Address: 175 White Plains Road	
Trumbuil, CT 06611	
B. OFFICERS	
President: Jonathan M Stewart, Esq.	
Address: same as above	*****
	E B
Vice President:	ALC
Address:	SEE A
	F. C. C. S.
Secretary: James Buzzelli	PATE 0.9
Address: same as above	
Treasurer: Jay Ordos	
Address: 18590 Conneautville Road, Conneautville, PA 16406	
NOTE: If necessary, you may attach an addendum to the application listing additional additional actions and the application listing additional actions are also seen as a second	

Jonathan M Stewart, Esq.

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

# COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

# **FEBRUARY 9, 2010**

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

# THE COMMUNITY OF THE CRUCIFIED ONE INCORPORATED

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 8572038-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp