

F 10000003944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

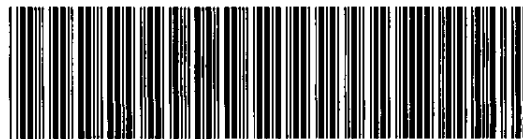
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9/2/10

## COVER LETTER

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

**SUBJECT:** Child and Parent Support Services, 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", or "Certificate 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 correspondence concerning this matter to the following:

Leah PRIBAC

Name of Person

Child and Parent Support Services

Firm/Company

411 W Chapel Hill St Ste 908

Address

Durham NC 27701

City/State and Zip Code

Leah.PRIBAC@duke.edu

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

For further information concerning this matter, please call:

Leah PRIBAC

Name of Person

at (919) 419-3474 ext 244

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2010

LEAH PRIBAC  
411 W CHAPEL HILL STREET  
SUITE 908  
DURHAM, NC 27701

SUBJECT: CHILD AND PARENT SUPPORT SERVICES, INC.  
Ref. Number: W10000039426

We have received your document for CHILD AND PARENT SUPPORT SERVICES, 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 310A00020096

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DIVISION OF CORPORATIONS  
SECRETARY OF STATE

**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. Child and Parent Support Services, 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. North Carolina 3. 58-1446309  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/11/1981 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 411 W. Chapel Hill St. Ste 908 Durham NC 27701  
(Principal office address)  
411 W. Chapel Hill St. Ste 908 Durham NC 27701  
(Current mailing address)

8. Mental Health Treatment Consulting and training  
(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: Ann C Fleeting

Office Address: 3910 Gulf Blvd #600

St Pete Beach, Florida 33706  
(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.

Ann C Fleeting

(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.

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS

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

**A. DIRECTORS**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Chairman: Please See attached

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

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

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

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

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

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

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

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Ruth C. Dzan, Chair of Board

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ruth C. Dzan, Board Chair

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



center for  
CHILD & FAMILY HEALTH

## Center for Child & Family Health / Child and Parent Support Services

### Collaboration Board of Directors

#### Officers

##### Board Chair

**Ruth Dzau**

Community Member

##### Vice Chair/ Chair Elect

**John Fairbank, PhD – Chair**

Governance Committee

Duke Medical Center Appointee

##### Treasurer

**Donald L. Tiedeman – Treasurer**

Community member

#### NCCU Appointees

**Cheryl Amana, JD, LLM**

Professor of Law

NCCU

13730 Campus Drive

Oakland, CA 94605

(510) 639-1958 home

(919) 368-8351 cell

(510) 383-9255 Fax

[camana@nccu.edu](mailto:camana@nccu.edu)

[Burriss@Lmi.net](mailto:Burriss@Lmi.net)

**Elwood Robinson, PhD**

Dean, College of Behavioral &

Social Sciences

NCCU

115 Taylor Education Bldg.

Durham, NC 27707

(919) 530-5269 office

(919) 530-7640 fax

[robin@nccu.edu](mailto:robin@nccu.edu)

#### [Opening]

#### Duke University Appointees

**MaryAnn Black, MSW, LCSW**

Associate Vice President for

Community Relations

Office of Community Relations

102A Davison Bldg.

Box 3701 Med Ctr

Durham, NC 27710

Duke University Medical Center

(919) 668-3792 office

(919) 812-1708 cell

(919) 684-8874 fax

[marvann.black@duke.edu](mailto:marvann.black@duke.edu)

**Mary Champagne, PhD**

Professor Duke School of Nursing &

Duke School of Medicine

1105 Wedgewood Lane

Durham, NC 27713

(919) 668-5102 office

(919) 919-616-0330 cell

(919) 681-8899 Fax

[champ001@mc.duke.edu](mailto:champ001@mc.duke.edu)

**John Fairbank, PhD – Chair**

Governance Committee

Professor

Department of Psychiatry

DUMC Box 104426

411 W. Chapel Hill St., Ste. 200

Durham, NC 27701

(919) 613-9860

(919) 812-2131 cell

(919) 613-9898 fax

[jaf@psych.duhs.duke.edu](mailto:jaf@psych.duhs.duke.edu)

#### UNC Chapel Hill appointees

**Margaret Dardess, PhD**

Immediate Pass Chair

Associate Provost for Strategic

Partnerships-UNC

44 Cedar Hills Circle

Chapel Hill, NC 27516

(919) 966-9755 office

(919) 966-9755 cell

(919) 962-1593 fax

[mdardess@email.unc.edu](mailto:mdardess@email.unc.edu)

**Carol P. Tresolini, PhD**

Associate Provost Academic

Initiatives

UNC-CH, CB 3000

104 South Building

Chapel Hill, NC 27599

(919) 962-3907 office

[Carol\\_tresolini@med.unc.edu](mailto:Carol_tresolini@med.unc.edu)

**Jack Richman, PhD**

School of Social Work

UNC-Chapel Hill

111 Birchcrest Place

Chapel Hill, NC 27516

(919) 929-5482 home

(919) 962-5650 work

[jrichman@email.unc.edu](mailto:jrichman@email.unc.edu)

#### Community Members

**Diane Bonner**

Senior Vice President,

Private Wealth Management

SunTrust Bank

SunTrust Investment Services, Inc.

Mail Code: NC-Durham-0114

5790 Fayetteville Rd., Suite 200

Durham, NC 27713

Tel: 919.381.3529

Fax: 919.544.4164

[diane.bonner@suntrust.com](mailto:diane.bonner@suntrust.com)

**Perry Colwell**

109 Carolina Avenue

Chapel Hill, NC 27514

(919) 967-3894 home

(919) 967-2928 Fax

[cpbjn@mindspring.com](mailto:cpbjn@mindspring.com)

**Ruth Dzau**

Community Volunteer

4006 Dover Road

Durham, NC 27707

(919) 403-6836 home

(617) 943-2944 cell

[RDZAU@yahoo.com](mailto:RDZAU@yahoo.com)

**W. Barker French**

1005 Monmouth Ave.

Durham, NC 27701

919-688-0997 – home

919-271-7427- cell

[wbf@mindspring.com](mailto:wbf@mindspring.com)

**Julia MacMillan – Chair**

Resource Development Committee

2116 Ridgefield Drive

Chapel Hill, NC 27517

(919) 843-3952 office

[julie\\_macmillan@verizon.net](mailto:julie_macmillan@verizon.net)

**Della Michaux**

Union Insurance & Realty Co.

5301 Fayetteville Rd.

Durham, NC 27713

(919) 596-8102 office

(919) 544-7233 home

(919) 880-0779

(919) 596-8183 fax

[uirco@intrex.net](mailto:uirco@intrex.net)

**Jeremiah "Jerry" O'Keeffe**

PSNC Energy

Manager - Large Accounts Raleigh

& Durham Regions

2541 Whilden Drive

Durham, NC 27713

(O) 919-598-7444

(C) 919-819-9691

[jokeeffe@scana.com](mailto:jokeeffe@scana.com)

**Donald L. Tiedeman - Treasurer**

121 Red Bud Lane

Chapel Hill, NC 27514

(919) 933-4934 home

[dtiedeman@nc.rr.com](mailto:dtiedeman@nc.rr.com)

*A collaborative endeavor of*

*Duke University*

*North Carolina Central*

*University*

*The University of North*

*Carolina at Chapel Hill*

*Child & Parent Support Services*

*(CAPSS)*

*and the Community*

2010 SEP - 1 PM 4: 48  
STUDENT SUPPORT  
DIVISION



# NORTH CAROLINA

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

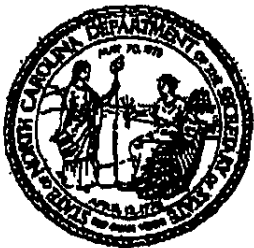
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **CHILD AND PARENT SUPPORT SERVICES, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of June, 1981, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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DIVISION OF STATE RECORDS



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of August, 2010.

*Elaine F. Marshall*

Secretary of State