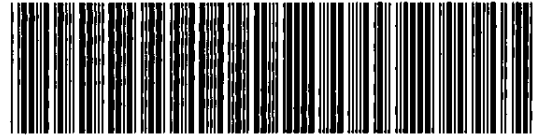


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(Requestor's Name)

(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: Tracy Elder GAVE
AUTHORIZATION BY PHONE TO
CORRECT Subject
DATE _____
DOC. EXAM. PS

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 TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SENECA COMMUNITY CHAPLAIN CORPS
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:

DR. TRACY ELDER
Name of Person

SENECA COMMUNITY CHAPLAIN CORPS
Firm/Company

PO BOX 11
Address

TIFFIN, OHIO 44883
City/State and Zip Code

SC3CHAPLAINS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. TRACY ELDER at (419) 455-9320
Name of Person 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. SENECA COMMUNITY CHAPLAIN CORPS 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. OHIO 3. 80-0307524
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 11/21/2008 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. 120 1/2 S. WASHINGTON ST TIFFIN, OHIO 44883
(Principal office address)
- P.O. BOX 11 TIFFIN, OHIO 44883
(Current mailing address)

8. EDUCATION, RELIGION, COMMUNITY SERVICE, GOV'T SUPPORT
(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)

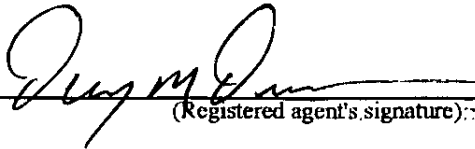
Name: TERRY DUNCAN

Office Address: 1433 LANIER RD

LAKELAND, Florida 33810
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TIMOTHY ELDER

Address: P.O. BOX 11

TIFFIN, OHIO 44883

Director: CATHERINE BALLIET

Address: P.O. BOX 11

TIFFIN, OHIO 44883

B. OFFICERS

President: DR. TRACY ELDER

Address: P.O. BOX 11

TIFFIN, OHIO 44883

Vice President: _____

Address: _____

Secretary: JOANNA ESTEP

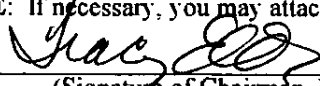
Address: P.O. BOX 11 TIFFIN, OHIO 44883

Treasurer: MELANIE GUZMAN-MARTINEZ

Address: P.O. BOX 11 TIFFIN, OHIO 44883

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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. DR TRACY ELDER PRESIDENT
(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **SENECA COMMUNITY CHAPLAIN CORPS**, an Ohio not for profit corporation, Charter No. 1819948, having its principal location in Tiffin, County of Seneca, was incorporated on November 21, 2008 and is currently in **GOOD STANDING** upon the records of this office.*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of September, A.D. 2010*

Jennifer Brunner

Ohio Secretary of State

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TALLAHASSEE, FLORIDA