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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

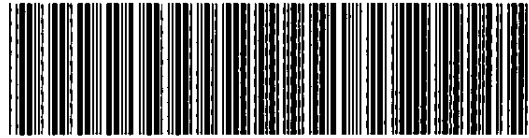
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HNS CONFERENCE 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:

VALERIE I. WESTON

Name of Person

HNS CONFERENCE, INC.

Firm/Company

17705 SIMMS RD.

Address

ODESSA, FL 33556

City/State and Zip Code

val@suncoastseaglass.com

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

For further information concerning this matter, please call:

VALERIE WESTON

Name of Person

at (813) 926-9705

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

September 14, 2011

VALERIE I WESTON
HNS CONFERENCE, INC.
17705 SIMMS RD.
ODESSA, FL 33556

SUBJECT: HNS CONFERENCE, INC.
Ref. Number: W11000047510

We have received your document for HNS CONFERENCE, 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 011A00021324

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. HNS CONFERENCE, 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. ILLINOIS

(State or country under the law of which it is incorporated)

3. 73-1686839

(FEI number, if applicable)

4. 11-09-05

(Date of Incorporation)

5. PERPETUAL

(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. 17705 SIMMS RD., ODESSA, FL 33556

(Principal office address)

17705 SIMMS RD., ODESSA, FL 33556

(Current mailing address)

8. TO ORGANIZE AND HOLD A BI-ANNUAL CONFERENCE FOR WRITERS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

EDUCATIONAL

AND AUTHORS OF
HISTORICAL FICTION.

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

Name: VALERIE I. WESTON

Office Address: 17705 SIMMS RD.

ODESSA

(City)

, Florida 33556

(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.

Valerie I. Weston

(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: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

CHAIRMAN:

① ~~President~~ ~~PROGRAM CHAIR~~: VANITHA SANKARAN

Address: 2205 CARLOS ST., MOSS BEACH, CA 94038

VICE PRESIDENT:

② ~~Vice President~~ ~~HOTEL LIAISON~~: JOYCE ELSON MOORE

Address: 345 E. JOSHUA CT., HERNANDO, FL 34442

③ Secretary: CINDY VALLAR

Address: 9065 WELER LA., FORT WORTH, TX 76244

④ Treasurer: VALERIE WESTON

Address: 17705 SIMMS RD., ODESSA, FL 33556

CONTINUED →

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

13. Valerie I. Weston
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. VALERIE I. WESTON, TREASURER
(Typed or printed name and capacity of person signing application)

B. OFFICERS (CONTINUED)

OFFICER:

(5) President: ~~PAST PROGRAM CHAIR~~: RICHARD SCOTT

Address: 3648 MT. ABRAHAM AVE., SAN DIEGO, CA 92111

OFFICER:

(6) Vice President: ~~ASST. / EDITOR COORDINATOR~~: RONI COMES

Address: 424 FLAT TOP CIRCLE, SPEARFISH, SD 57783

OFFICER:

(7) Secretary: ~~REGISTRATION COORDINATOR~~: ANN CHAMBERLIN

Address: 2540 EAST 6200 SOUTH, SALT LAKE CITY, UT 84121

OFFICER:

(8) Treasurer: ~~PUBLIC RELATIONS COORDINATOR~~, MARY BURNS

Address: 21 ARDENWOOD WAY, SAN FRANCISCO, CA 94132

OFFICER:

(9) ~~BOOKSELLER / BOOK SALES COORDINATOR~~, BOB BUCKIUS
P.O. BOX 373, LECANTO, FL 34460-0373

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TALLAHASSEE, FLORIDA

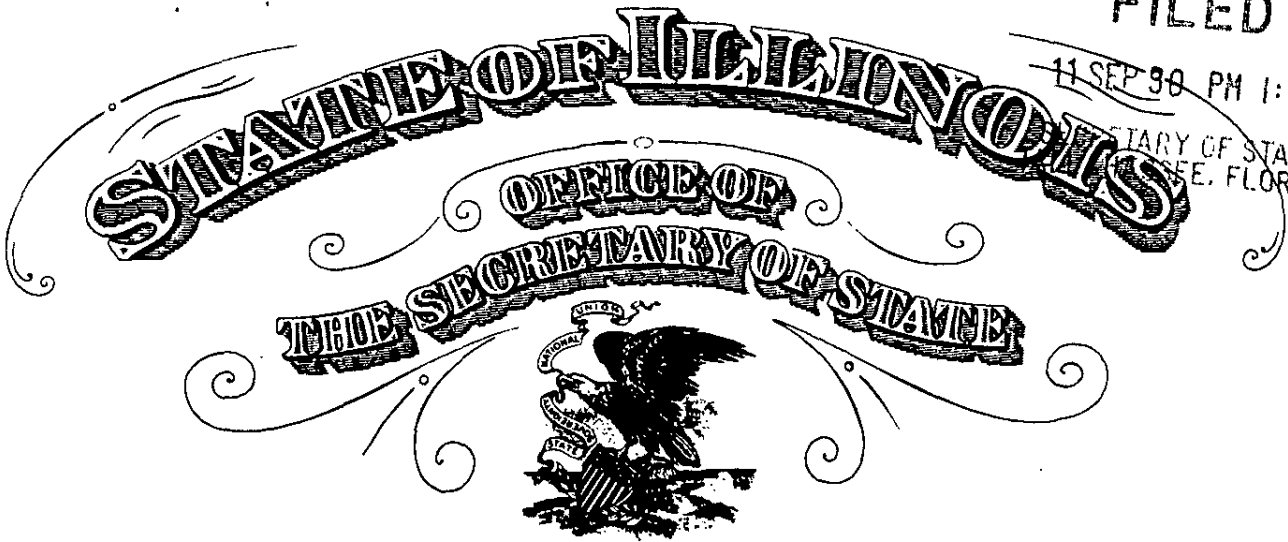
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CLERK OF STATE
TALLAHASSEE, FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HNS CONFERENCE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of SEPTEMBER A.D. 2011 .

Jesse White

Authentication #: 1124400340

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE