

F11000004297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

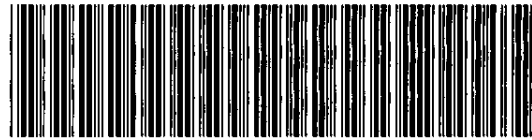
(Business Entity Name)

(Document Number)

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W11-47110

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Burch OCT 26 2011

## COVER LETTER

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

**SUBJECT:** Frontier Nursing University, 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:

Shelley Aldridge

Name of Person

Frontier Nursing University, Inc.

Firm/Company

(Formerly Frontier School of Midwifery & Family Nursing, Inc.)

170 Prosperous Place

Address

Lexington, KY 40509

City/State and Zip Code

shelley.aldridge@frontier.edu

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

For further information concerning this matter, please call:

Shelley Aldridge

Name of Person

at ( 859 ) 253-3637 xt. 5010

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2011

SHELLEY ALDRIDGE  
170 PROSPEROUS PLACE  
LEXINGTON, KY 40509

SUBJECT: FRONTIER NURSING UNIVERSITY, INC.  
Ref. Number: W11000047110

We have received your document for FRONTIER NURSING UNIVERSITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 711A00021142

**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. Frontier Nursing University, 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. Kentucky 3. 61-1124267  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/18/1986 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. Admin: 170 Prosperous Place, Lexington, KY 40509  
(Principal office address)

Facility: 195 School Street, Hyden, KY 41749  
(Current mailing address)

8. Please see Attachment (j)  
(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301  
(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.*

By: Wendy D Rea

NRAI Services, Inc.

Wendy D Rea, Assistant Secretary

(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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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Please see Attachment (1)

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

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

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

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

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

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

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

**B. OFFICERS**

President: Please see Attachment (1)

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

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

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

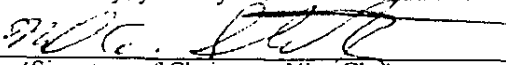
Secretary: \_\_\_\_\_

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

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

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

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

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

14. Michael Steinmetz, Chief Financial Officer  
(Typed or printed name and capacity of person signing application)



# FRONTIER NURSING UNIVERSITY

195 School Street • PO Box 528 • Hyden, Kentucky 41749  
PHONE: 606.672.2312 • FAX: 606.672.3776 • [www.frontier.edu](http://www.frontier.edu)

## Attachment (1) – Explanation to Item 8, Application for Certificate of Authority (Nonprofit)

(Purpose of corporation authorized in home state or country to be carried out in the state of Florida)

Frontier Nursing University, 'FNU', is organized exclusively for charitable, educational and scientific purposes under Section 501(c)(3) of the Internal Revenue Code of 1954 and the Kentucky Nonprofit Corporation Act. Additionally, FNU was formed to promote public health and social welfare in underserved populations.

To accomplish our stated purpose, FNU, a Kentucky nonprofit corporation, offers qualified applicants, regardless of student's state residence, community based, *distance education* (online-education) programs leading to the Doctor of Nursing Practice Degree, the Master of Science in Nursing Degree, and/or Post-Master's Certificates in advanced practice nursing specialties.

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# FRONTIER NURSING UNIVERSITY

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TALLAHASSEE, FLORIDA

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Attachment (2)

## Frontier Nursing University, Inc. Board of Directors

Dr. Michael Carter	Chairman	369 Belmont Acres Circle Tumbling Shoals, AR 72581	(501) 362-6763
Ken Tuggle	Vice-Chairman	400 West Market Street, 32 <sup>nd</sup> Floor Louisville, KY 40202	(502) 568-0269
Nancy Hines	Treasurer/ Secretary	PO Box 1196 Shepherdsville, KY 40165	(502) 543-5488
John Foley	Board Member	1716 Moreland Drive Lexington, KY 40502	(859) 281-0057
Jane Leigh Powell	Board Member	315 Good Hope Plantation Road Ridgeland, SC 29936	(843) 726-4901
Dr. Charlie Mahan	Board Member	1001 North Riverhills Drive Temple Terrace, FL 33617	(813) 988-1259
Marion McCartney	Board Member	3809 Kanawha Street, NW Washington, DC 20015	(202) 966-6856
Mike Rust	Board Member	937 Woodland Heights Drive Louisville, KY 40245	(502) 426-6220

## Frontier Nursing University, Inc. Officers

Dr. Susan Stone	President & Dean	195 School Street Hyden, KY 41749	(606) 672-2312
Michael Steinmetz	Chief Financial Officer	170 Prosperous Place Lexington, KY 40509	(859) 253-3637
Shelley Aldridge	Chief Operations Officer	170 Prosperous Place Lexington, KY 40509	(859) 253-3637

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Commonwealth of Kentucky**  
**Elaine N. Walker, Secretary of State**

Elaine N. Walker  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 115500

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**FRONTIER NURSING UNIVSERITY, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is December 18, 1986 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11<sup>th</sup> day of July, 2011, in the 220<sup>th</sup> year of the Commonwealth.



*Elaine N. Walker*

Elaine N. Walker  
Secretary of State  
Commonwealth of Kentucky  
115500/0223223