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COVER LETTER

TO:

New Filing Section
Division of Corporations

Tallahassee, FL 32314

□ \$70.00 Filing Fee

Enclosed is a check for the following amount:

\$78.75 Filing Fee &

Certificate of Status

Division of Corporations
SUBJECT: COMPassion Heritage Foundation-dba Hope Heritage Foundation - Mame 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 Status" 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:
D. Paul N. Egbylefy Name of Person
Compassion Heritage Foundation In C. Firm/Company
13939 Spanish Point Dv. Address
Jacksonille, FL 32225 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr. Raul Egbule fu at (832) 518 9426 Name of Person at (832) 518 9426 Area Code & Daytime Telephone Number
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle

■ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Tallahassee, FL 32301

□\$78.75 Filing Fee &

Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2014

R. PAUL N. EGBULEFU COMPASSION HERITAGE FOUNDATION 13939 SPANISH POINT DR JACKSONVILLE, FL 32225

SUBJECT: COMPASSION HERITAGE FOUNDATION, INC.

Ref. Number: W14000002680

We have received your document for COMPASSION HERITAGE FOUNDATION, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 314A00000964

District of Comparations DO DOV 6297 Tallahaggas Florida 2921

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. COMPACSION HERITAGE FOUNDATION TWO. (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. TEXAS (State or country under the law of which it is incorporated) 4. FEBRUARY 1999 5. PERPETUAL (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first donducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 13939 SPANISH POINT DR. JACKSUNVILLE FL 32225 (Principal office address)
P-O-BOX 54242 JACKSONVILLE FL 32245
8. HUMANITACIAN CRGANIZATION (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Paul Christophe
Office Address: 13939 Spanish Part DV
Jacksonville, Florida 32225 & Signary (City) Florida 32225
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.
Much
(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: Dr. Mike Anih
Address: P. O. BOX 54242
Jacksmille FC 32245
Vice Chairman: MARK E- RICHARDS
Address: P-0. BOX 54242, Jacksmille Fl 32245
Director: Dr. Paul Egbylefy
Address: 1-0'80X 54242
Jacksmulle Pl 32245
Director: E. Gabrill
Address: P. O. BOX SY242
Jacksmill, +C 32245
B. OFFICERS
President: MARK A. Syllivan
Address: P.O. BOX 54242
Jacksonville FL 32245
Vice President: Felicia A. Jack
Address: P-O-BOX 54242
Jacksmill, Fl 32245
Secretary: Marion Johnson
Address: PUBOX 54242 Jacksonulle FL 32245
Treasurer: Salama Bamba
Address: P.O. BOX 54242, Jacksonille, FC 32245
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. PAIL N. EGRUGFU, Trustee/Director
(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

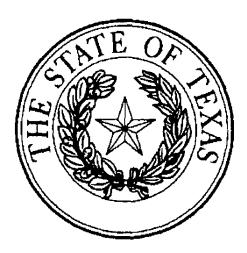
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

COMPASSION HERITAGE FOUNDATION INC. Filing Number: 152633501

Certificate of Amendment Certificate of Assumed Business Name September 13, 2012

September 13, 2012

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 02, 2014.





John Steen Secretary of State

Fax: (512) 463-5709

Dial: 7-1-1 for Relay Services