# FH000002532

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SECRETARY OF STATE

WA-33579

### COVER LETTER

		COVER	EETTER	
TO:	Division of Co	orporations		
SUBJ	ECT: The Cross	Christian Church Oversee	r and Successors, a Corp	oration Sole
0020	2011	Name of Corporat	ion - must include suffix	
Dear S	Sir or Madam:			
Affair	s in Florida", "Ce	ion by Foreign Not for Propretificate of Existence", or "enced not for profit corpora	Certificate of Status" and	check are submitted to
Please	return all corresp	ondence concerning this m	atter to the following:	
	Pas	tor James P. I		
	<del></del>	Name	of Person	
	The Cros	s Christian Church Overseer a	and Successors, a Corporati	on Sole
	<del></del>	Firm/0	Company	
	PO	Box 594		
	<u></u>		<u> </u>	<del></del>
			dress	
	New	Port Richey,		56
		City/State	and Zip Code	
	cros	s_christian_cl	nurch@yaho	o.com
	E-m	ail address: (to be used for	future annual report notif	ication)
For fur	ther information	concerning this matter, ple	ase call:	
Pas	tor James P	McFarland at	727 755-4 Area Code & Daytime	013
	Name o	f Person	Area Code & Daytime	Telephone Number
MAILING ADDRESS: New Filing Section Division of Corporations		STREET/COURIER ADDRESS: New Filing Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Bui 2661 Exect	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	ed is a check for	the following amount:		
<b>□</b> \$70	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	■\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

#### **CERTIFICATE**

## State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

## THE CROSS CHRISTIAN CHURCH OVERSEER AND SUCCESORS, A CORPORATION SOLE

was

incorporated

under the Oregon

Nonprofit Corporation Act.

on

May 12, 2014

and is active on the records of the Corporation Division as of the date of this certificate.

SECREJAHY OF STATE
TALLAHASSEE FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

May 30, 2014

### · · · 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:

(Name of corporation: must include the word "INCORPORA import in language as will clearly indicate that it is a corporat in the name at present. "Company" or "Co." may not be used	TED" or "CORPORATION" or words or abbreviations of like tion instead of a natural person or partnership if not so contains as a corporate suffix by a popprofit corporation.)
Oregon	<sub>3</sub> 46-5646795
(State or country under the law of which it is incorporated)	
May 12, 2014	5 Perpetual
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
(Date first conducted affairs in Florida if prior to registration. S 4707 Grand Boulevard, New F	See sections 617.1501 & 617.1502, F.S., to determine penalty liab
(Principa	al office address)
PO Box 594, New Port Richey, Florida	34656
(Currer	nt mailing address)
Formation of a Sponsor Churc	
(Purpose(s) of corporation authorized in home state or count	trusts he comind out in the state of Florida
(Purpose(s) of corporation authorized in home state or count	trusts he comind out in the state of Florida
(Purpose(s) of corporation authorized in home state or count	P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or count  Name and street address of Florida registered agent: (I	P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or count  Name and street address of Florida registered agent: (I  Name:  Pastor James P McFarland  A 707 Grand Bouleyare	P.O. Box NOT acceptable)

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 apd 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:		<del>_</del>
Director:		14
Address:	一五元	<u> </u>
		-0
Director:	- TI i	_ <del>ਦ</del> ੁ—
Address:		<u> </u>
Address: 5114 Greenwood Street, New Port Richey, Florida  Vice President: Patricia M. McFarland		
Address: 5114 Greenwood Street, New Port Richey, Florida	3465	<u>3</u>
Secretary: Patricia M. McFarland		
Address: 5114 Greenwood Street, New Port Richey, Florida	3465	53
Treasurer: Patricia M. McFarland		
Address: 5114 Greenwood Street, New Port Richey, Florida	3465	53
NOTE: If necessary, you may attach an addendum to the application listing additional officers are  13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)  14. James P. McFarland		tors.
(Typed or printed name and capacity of person signing application)		