

Division of Corporations

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F/14000005253

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
North Central Florida CPCU Society Chapter, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Handwritten signature and date 12/12/14

RECEIVED
14 DEC 11 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
14 DEC 11 AM 10:34
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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. North Central Florida CPCU Society Chapter, 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. Pennsylvania
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 12/3/2014
(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. 720 Providence Road, Malvern, PA 19355
(Principal office address)
8. _____
(Current mailing address)
9. To advance and promote the interests of The Society of Chartered Property and Casualty Underwriters, a Pennsylvania nonprofit corporation, by meeting the career needs of a diverse membership of insurance professionals so that they may serve others in a competent and ethical manner, and other appropriate nonprofit professional and trade association purposes.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, _____, Florida 33324
(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.

C T Corporation System

By: _____

(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: NA

Address: _____

Vice Chairman: NA

Address: _____

Director: See attached

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

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

14. Timothy Treweek, President
(Typed or printed name and capacity of person signing application)

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CLERK OF COURT
JANUARY 13 2015

**Non-Stock Application for Certificate of Authority
Item 8 - Attachment**

North Central Florida CPCU Society Chapter, Inc. —Officers and Directors

Timothy Treweek
13005 SW 1st Road, Suite 223
Jonesville, FL 32669

President/Director

Kristy F. Moffat
9127 SW 52nd Ave, Suite D-103
Gainesville, FL 32608

President-Elect/Director

Michael Jasionowski
5700 SW 34th Street
Gainesville, FL 32608

Secretary /Director

Kathleen Davis
7201 NW 11th Place
Gainesville, FL 32605

Treasurer/Director

Jason Neville
7201 NW 11th Place
Gainesville, FL 32605

Immediate Past President/Director

R. James O'Boyle
1437 SW 90th Street
Gainesville, FL 32607

Director

Joel Curran
7201 NW 11th Pl
Gainesville, FL 32605

Director

Michele Broadhurst
7021 NW 11th Pl
Gainesville, FL 32605

Director

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

DECEMBER 10, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

North Central Florida CPCU Society Chapter, Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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TREASURER OF THE COMMONWEALTH OF PENNSYLVANIA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol A. Aichele

Secretary of the Commonwealth