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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Association of Certified Biblical Counselors 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 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:

Lorie Regnier

Name of Person

Assn. of Certified Biblical Counselors, Inc.

Firm/Company

1116 Indianpipe Lane

Address

Zionsville IN 46077

City/State and Zip Code

bookKeeping@biblicalcounseling.com

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

For further information concerning this matter, please call:

Lorie Regnier

Name of Person

at

(317)

Area Code

733-0144

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

**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. Association of Certified Biblical Counselors, Inc. (ACBC)

(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 35-1447406
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/21/1978 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 7/1/2016
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 119 West Beaver ST, Jacksonville, FL 32202
(Principal office address)

ACBC, c/o Lorie Regnier, 1116 Indianpipe Lane, Zionsville IN 46077
(Current mailing address, if different)

8. Certification & Training of Biblical Counselors
(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: Heath Lambert
Office Address: 119 West Beaver Street
Jacksonville, Florida 32202
(City) (Zip Code)

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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.


(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: Heath Lambert, Executive Director

Address: 119 West Beaver Street
Jacksonville, FL 32202

Director: _____

Address: _____

B. OFFICERS

President: John Street

Address: 21726 Placerita Canyon Road, Santa Clarita, CA 91321

Vice President: Steve Viars

Address: 5526 State Road 26, Lafayette IN 47905

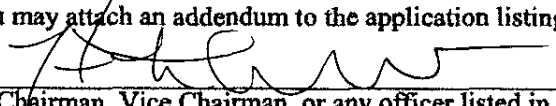
Secretary: Kevin Backus

Address: 1650 Love Road, Grand Island NY 14072

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. Heath Lambert, Executive Director
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

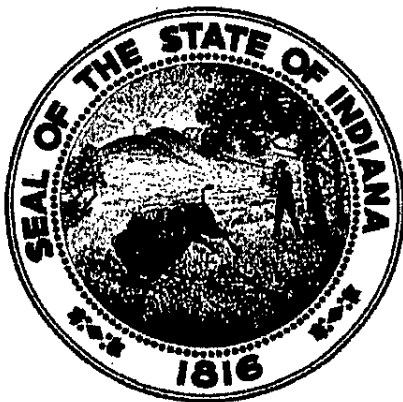
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ASSOCIATION OF CERTIFIED BIBLICAL COUNSELORS INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 1978, and was in existence or authorized to transact business in the State of Indiana on April 28, 2016.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 28, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

197812-720 / 20163343

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>