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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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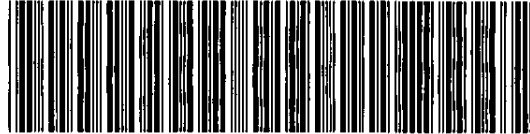
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Of
8/30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Counseling Center of Mobile, 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:

Chandra Brown

Name of Person

Family Counseling Center of Mobile, Inc.

Firm/Company

705 Oak Circle Dr E

Address

Mobile/AL 36609

City/State and Zip Code

cbrown@lifelinesmobile.org

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

For further information concerning this matter, please call:

Chandra Brown

Name of Person

at (251)
Area Code

602-0909

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:

- ☐ \$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

**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. Family Counseling Center of Mobile, 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.)

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

2. Alabama 3. 63-0388685
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 28, 1958 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 705 Oak Circle Dr E Mobile, AL 36609
(Principal office address)

(Current mailing address, if different)

8. to provide crisis, financial and emotional counseling and education
(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: Libby Rogers

Office Address: 14 S Palafox St
Pensacola, Florida 32502
(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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ms. Bess Creswell

Address: 11 N. Water St, Suite 22200

Mobile, AL 36602

Vice President: Ms. Robyn Anderson

Address: 2000 Dauphin Island Parkway

Mobile, AL 36605

Secretary: Ms. Sharae Broussard, PhD

Address: 4000 Dauphin St Mobile, AL 36608

Treasurer: Mr. Jack Johnson

Address: 18 Kirby St Mobile AL 36607

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. Bess Creswell, Board President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Family Counseling Center of Mobile, Inc. (Doing Business As Lifelines Counseling Services) was formed in Mobile County, Alabama on August 27, 1958. The Alabama Entity Identification number for this entity is 714-307. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20160822000027678

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

8/22/2016

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State

LIFELINES COUNSELING SERVICES
BOARD OF DIRECTORS
2016

EXECUTIVE COMMITTEE

PRESIDENT

BESS CRESWELL 17
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COMMUNICATIONS PROFESSOR

EXECUTIVE DIRECTOR

CHANDRA BROWN
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cbrown@lifelinesmobile.org

VICE PRESIDENT

ROBYN ANDERSON 18
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TREASURER

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PAST PRESIDENT

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scotte@csbcpa.com
CPA

A DATE IN () MEANS FIRST 3 YEAR TERM SERVED
A DATE WITHOUT () MEANS SECOND 3 YEAR TERM.

REVISED 1/16

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PARTNER