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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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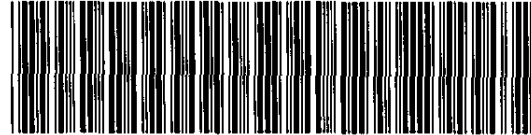
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

SEP 08 2016

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** The Reformation Project, 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:

Matthew Vines  
Name of Person

The Reformation Project  
Firm/Company

8838 Gallery St  
Address

Lenexa, KS 66215  
City/State and Zip Code

srenn@reformationproject.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shin Renn at ( 502 ) 424-1119  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing 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. The Reformation Project, 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. Kansas 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 19, 2012 5. Perpetual  
(Date of Incorporation) (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. 20556 NW 241st Terrace, High Springs FL 32643  
(Principal office address)
- PO Box 14862, Lenexa, KS 66285  
(Current mailing address)
- The organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Specific purpose is to seek aid in achieving acceptance of lesbian, gay, bi-sexual, and transgender Christians in the church in part by offering theological and leadership training both to LGBT Christians and their allies
8. both to LGBT Christians and their allies  
(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: Lauren Gray

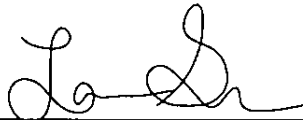
Office Address: 20556 NW 241st Terrace

High Springs, Florida 32643  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

**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**

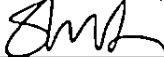
Chairman: Matthew Vines  
Address: 8838 Gallery St.  
Lenexa, KS 66215  
Vice Chairman: Shin Renn  
Address: 846 W Ainslie St. Apt O1  
Chicago, IL 60640  
Director: Ana Yelsi Sanchez  
Address: 537 Quincy St NW #2  
Washington DC 20011  
Director: Amelia Markham  
Address: 1643 Dupont Commons Dr NW  
Atlanta, GA 30318

**B. OFFICERS**

President: Matthew Vines  
Address: 8838 Gallery St.  
Lenexa, KS 66215  
Vice President: Kathy Baldock  
Address: PO Box 19017  
Reno, NV 89511  
Secretary: Kenji Kuramitsu  
Address: 5540 S Woodlawn Ave., Chicago IL 60630  
Treasurer: Darren Calhoun  
Address: 3241 W Warren Blvd., Apt 204, Chicago, IL 60624

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**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. Shin Renn  
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 6704589

Entity Name: THE REFORMATION PROJECT, INC.

Entity Type: KANSAS NOT FOR PROFIT CORPORATION

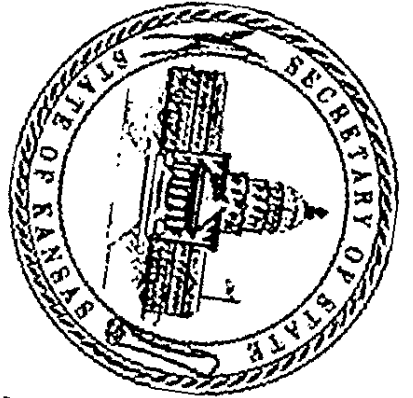
State of Organization: KS

Resident Agent: MATTHEW VINES

Registered Office: 250 S Pershing St, WICHITA, KS 67218

was filed in this office on September 19, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix  
the seal of the Secretary of State of the state of Kansas  
on this day of September 01, 2016

*Kris W. Kobach*

KRIS W. KOBACH  
SECRETARY OF STATE

Certificate ID: 843346 - To verify the validity of this certificate please visit  
<https://www.kansas.gov/bess/Now/validate> and enter the certificate ID number.