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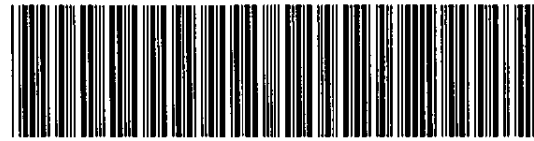
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 8 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renovare, 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:

Joan Skulley

Name of Person

Renovare

Firm/Company

PO Box 370090

Address

Denver CO 80237-0090

City/State and Zip Code

joan@renovare.org

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joan Skulley

Name of Person

at (303)

Area Code

918-4299

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:*

Renovare, Inc.

1. _____
(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. Kansas 3. 48-1062723
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 6, 1988 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. November 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. 501 Trails Edge Ct, St. Augustine FL 32095
(Principal office address)

(Current mailing address, if different)

8. Christian ministry working for spiritual renewal in the church of Jesus Christ
(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: Nathan Foster
Office Address: 501 Trails Edge Ct
St. Augustine, Florida 32095
(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

Jonathan Bailey
Chairman: _____
7700 Glenwood Springs Ln
Address: _____
McKinney TX 75070

Richella Parham
Vice Chairman: _____
4024 Bristol Rd
Address: _____
Durham NC 27707

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

Christopher A. Hall
President: _____
15 Applewood Rd
Address: _____
Malvern PA 19355

Vice President: _____
Address: _____

Joan Skulley
Secretary: _____
3127 S Emporia Ct, Denver CO 80231
Address: _____

Margaret Campbell
Treasurer: _____
13 Woods Edge Ln, Houston TX 77024
Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joan Skulley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joan Skulley S
(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: 1662733

Entity Name: RENOVARE, INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: DON HILL

Registered Office: 8415 E. 21ST N. SUITE 210, WICHITA, KS 67206

was filed in this office on December 06, 1988, 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 November 01, 2016

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 871806 - To verify the validity of this certificate please visit <https://www.kansas.gov/bcss/flow/validate> and enter the certificate ID number.

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