

A7000002261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

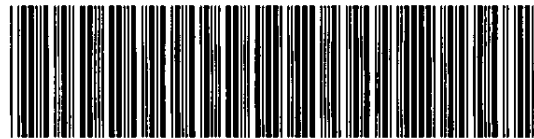
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Association of Change Management Professionals, 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:

**M. Clothilde Dufour, Paralegal**

\_\_\_\_\_  
Name of Person

c/o Whiteford, Taylor & Preston L.L.P.

\_\_\_\_\_  
Firm/Company

7 Saint Paul St., Suite 1500

\_\_\_\_\_  
Address

Baltimore, MD 21202

\_\_\_\_\_  
City/State and Zip Code

**apastermack@acmpglobal.org**

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

For further information concerning this matter, please call:

**M. Clothilde Dufour, Paralegal**

\_\_\_\_\_  
Name of Person

at 410 \_\_\_\_\_  
Area Code

**347-9481**

\_\_\_\_\_  
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:*

**Association of Change Management Professionals, 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. Washington, DC 3. 45-1441537  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/11/2011 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. February 2, 2016  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability)
7. 1809 East Broadway Street, Suite 173, Oviedo, FL 32765  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Advancing the discipline and profession of change management practices that support the success of individual and organizational change for the realization of intended business results.  
(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

  
(Registered agent's signature)

**Judith Argao  
Vice President  
and Assistant Secretary**

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**

**Rhiannon Cooke**

Chairman:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**Roxanne Brown**

Vice Chairman:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**Greg Voeller**

Director:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**Mark Hildrup**

Director:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**B. OFFICERS**

**Rhiannon Cooke**

President:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**Roxanne Brown**

Vice President:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**Greg Voeller**

Secretary:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

Address:

**Mark Hildrup**

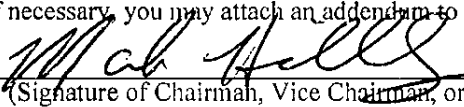
Treasurer:

1809 East Broadway Street, Suite 173, Oviedo, FL 32765

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.

**MARK HILDRUP, ACMP Treasurer**  
(Typed or printed name and capacity of person signing application)

Initial File #: N0000000357  
Entity Type: Non-Profit Corporation

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

ASSOCIATION OF CHANGE MANAGEMENT PROFESSIONALS

**WE FURTHER CERTIFY** that the domestic filing entity is formed under the law of the District on 2/11/2011; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 5/11/2017 11:46 AM

Business and Professional Licensing Administration



PATRICIA E. GRAYS  
Superintendent of Corporations  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: jGSm7lht