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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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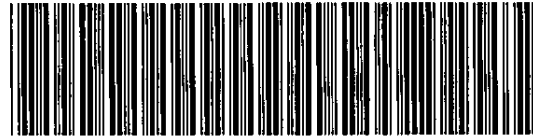
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE POCKET TESTAMENT LEAGUE, 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:

KEN MILLER

Name of Person

WALZ GROUP

Firm/Company

PO BOX 5555

Address

LANCASTER, PA 17606-5555

City/State and Zip Code

lfitzsimons@walzgroupcpa.com

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

For further information concerning this matter, please call:

LYNN FITZSIMONS

Name of Person

at (

717

) Area Code

392-8200

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. THE POCKET TESTAMENT LEAGUE, 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. PENNSYLVANIA 3. 22-1616250
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/29/1988 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. 2929 LITITZ PIKE, LANCASTER, PA 17606
(Principal office address)

PO BOX 800, LITITZ, PA 17543
(Current mailing address, if different)

8. NON-DENOMINATION MINISTRY OF EVANGELISM
(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: COGENCY GLOBAL INC.

Office Address: 115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, Florida 32301
(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.


(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: DAVID COLLUM
Address: 94 REVERE RD
QUEENSBURY, NY 12804

Vice Chairman:
Address:

Director: RICH TIMMONS
Address: 3795 ROUTE 202
DOYLESTOWN, PA 18902-1678

Director: ROBERT KAUFFMAN
Address: 390 SARSEN DR
LITITZ, PA 17543-9069

B. OFFICERS

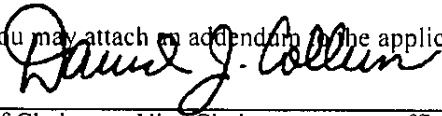
President: MICHAEL BRICKLEY
Address: 3715 AYRES HOLMES LN
AUBURN, CA 95602

Vice President:
Address:

Secretary: AMMON GRAYBILL
Address: 1801 LITITZ PIKE, LANCASTER, PA 17601

Treasurer: RICHARD STEUDLER
Address: 2929 LITITZ PIKE, LITITZ PA 17543

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. David Collum, Chairman
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

05/30/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE POCKET TESTAMENT LEAGUE

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170530131283-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>