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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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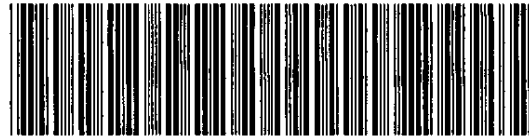
(Business Entity Name)

(Document Number)

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2017 JUN 14 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 15 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Catholic Psychotherapy Association, 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:

Gregory S. Creed, PhD

Name of Person

Catholic Psychotherapy Association, Inc.

Firm/Company

7251 W. 20th St., M-2

Address

Greeley, CO 80634-4626

City/State and Zip Code

gcreed@catholicpsychotherapy.org

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

For further information concerning this matter, please call:

Carlos C. Gomez, PhD

Name of Person

at ( 786 )

Area Code

622-2226

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. Catholic Psychotherapy Association, 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. Georgia 3. 26-3450480  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/25/2008 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. 205 Leeward Lane, Roswell, GA 30076  
(Principal office address)

7251 W. 20th St., M-2, Greeley, CO 80634-4626  
(Current mailing address, if different)

8. Exclusively charitable, educational, religious, and literary purposes within the meaning of I.R.C. section 501(c)(3)  
(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: Carlos C. Gomez

Office Address: 1390 S. Dixie Hwy, Suite 2107  
Coral Gables, Florida 33146  
(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.

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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Carlos C. Gomez, PhD  
Address: 1390 S. Dixie Hwy, Suite 2107  
Coral Gables, FL 33146

Vice Chairman: Gregory S. Creed, PhD  
Address: 251 W. 20th St., M-2  
Greeley, CO 80634

Director: Sandra Rodriguez Davila, MD  
Address: 7900 Oak Lane Ste 400  
Miami Lakes, FL 33016

Director: Please see Addendum (Total of 9 Directors)  
Address:

**B. OFFICERS**

President: Carlos C. Gomez, PhD  
Address: 1390 S. Dixie Hwy, Suite 2107  
Coral Gables, FL 33146

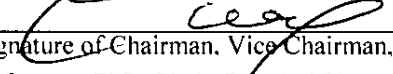
Vice President:  
Address:

Secretary: Carol Lieser, PhD  
Address: 4425 W. Airport Freeway, Suite 244, Irving, TX 75062

Treasurer: Gregory S. Creed, PhD  
Address: 7251 W. 20th St., M-2, Greeley, CO 80634

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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. Carlos C. Gomez, PhD, Chair, Board of Directors  
(Typed or printed name and capacity of person signing application)

### ADDITIONAL DIRECTORS

**Director:** Susanne Baars, MA  
**Address:** 4425 W. Airport Freeway, Suite 244  
Irving, TX 75062

**Director:** Valerie Konzett, DMin  
**Address:** 3300 N. 60<sup>th</sup> Street  
Omaha, NE 68104

**Director:** Gerald Crete, PhD  
**Address:** Holy Family Counseling Services  
1420 Haberdam Trace  
Cumming, Georgia, 30041

**Director:** Carol Lieser, PhD  
**Address:** 4425 W. Airport Freeway, Suite 244  
Irving, TX 75062

**Director:** Kelly Morrow, PhD  
**Address:** 6901 Mercy Road  
Omaha, NE 68106

**Director:** Tom Spudic, PhD  
**Address:** 205 Leeward Lane  
Roswell, GA 30076

### ADDITIONAL OFFICERS

**Chair of 2017  
Conference:** Sandra Rodriguez Davila, MD  
7900 Oak Lane Ste 400  
Miami Lakes, FL 33016

**Chief Operating  
Officer (COO):** John D. Labarbara  
**Address:** 2451 S Coors Street  
Denver, CO 80228

**Past-President:** Susanne Baars, MA  
**Address:** 4425 W. Airport Freeway, Suite 244  
Irving, TX 75062

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# STATE OF GEORGIA

**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### **CATHOLIC PSYCHOTHERAPY ASSOCIATION, INC.**

#### **a Domestic Nonprofit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 14688381
Date Inc/Auth/Filed	: 09/25/2008
Jurisdiction	: Georgia
Print Date	: 05/31/2017
Form Number	: 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State