

F17000004769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

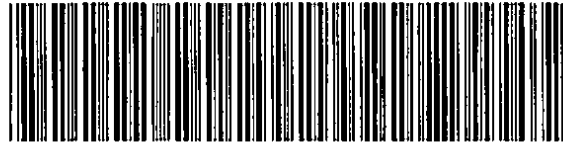
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/17--01012--003 **78.75

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17 OCT 23 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
10/29/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

JAZMEN DRAPER
6015 6TH AVE N
ST. PETERSBURG, FL 33710 US

SUBJECT: LORD'S COMPASSION MINISTRY INCORPORATED
Ref. Number: W17000078430

We have received your document for LORD'S COMPASSION MINISTRY INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 717A00020013

2017 OCT 23 PM 3:58

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lord's Compassion Ministry
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:

Jazmen Draper
Name of Person

Lord's Compassion Ministry
Firm/Company

6015 6th Ave. N.
Address

St. Pete, FL 33710
City/State and Zip Code

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

For further information concerning this matter, please call:

Jazmen Draper at (503) 941.8100
Name of Person Area Code 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. Lord's Compassion Ministry Incorporated
(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. Oregon 3. 81-4853869
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan. 6, 2017 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. 6015 10th Ave. N. St. Pete, FL 33710
(Principal office address)

(Current mailing address, if different)

8. Help vulnerable children in Uganda become filled with hope and meet their
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) *emotional, educational, and physical needs.*

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Jazmen Draper or Lisa Daudelin

Office Address: 6015 10th Ave. N.
St. Pete, Florida 33710
(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.

Jazmen Draper
(Registered agent's signature)

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Lufafa Emmanuel

Address: PO BOX 1509

Jinja town, Uganda 256 East Africa

Director: Jazmen Draper

Address: 6015 6th Ave. N.

St. Pete, FL 33710

B. OFFICERS

President: Keith Franks

Address: 78~~7~~ Thomas Rd. Martin, GA 30557

Vice President: Bryan York

Address: 14520 Westchester Dr. Colorado Springs, CO 80921

Secretary: Angie Franks

Address: 78~~7~~ Thomas Rd. Martin, GA 30557

Treasurer: Giovanni Gravino

Address: 9540 Brecksville Rd, Brecksville, OH 44141

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

Bryan York Giovanni A. Gravino Keith Franks Angie Franks
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Jazmen Draper - Executive Director
(Typed or printed name and capacity of person signing application)

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 169D985Y3

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

LORD'S COMPASSION MINISTRY

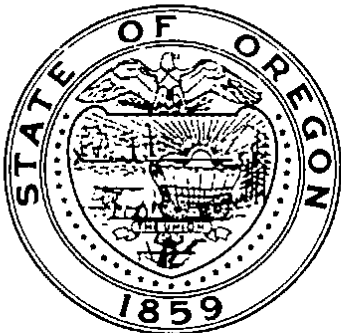
is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



A handwritten signature in cursive script, reading "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

8/22/2017