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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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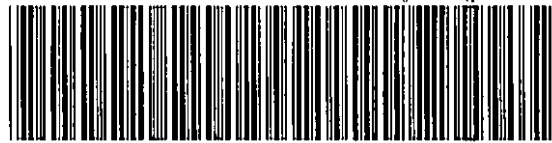
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HARRIS

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNOX FELLOWSHIP, 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:

Gina K. Lammers

Name of Person

Knox Fellowship, Inc.

Firm/Company

20054 Heritage Point Drive

Address

Tampa, FL 33647

City/State and Zip Code

gina.lammers@gmail.com

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

For further information concerning this matter, please call:

Gina K. Lammers

813
at ()
Area Code

455-1622

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:

Knox Fellowship, 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. North Carolina 3. 94-3099742
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/24/1989 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. 20054 Heritage Point Drive, Tampa, FL 33647
(Principal office address)

(Current mailing address, if different)

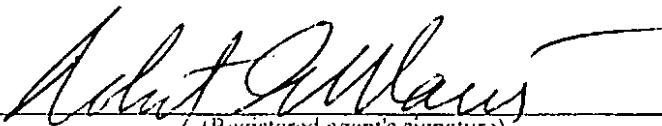
8. Not for Profit Evangelism Ministry
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Robert E. Morris - Morris Law Firm
Office Address: 245 E. Washington St
Monticello, Florida 32344
(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: Rev. Dr. Roger Richardson
3609 Providence Road
Address: Boyton Beach, FL 33436

Vice Chairman: Rev. J. Perry Wootten
10 Caren Court
Address: Mt. Kisco, NY 10549

Director: Thomas Priest
134 Regent Drive
Address: Los Gatos, CA 95032

Director: William Bennett
10210 Vista Pointe Drive
Address: Tampa, FL 33635

B. OFFICERS

President: Rev. Carl R. Lammers
20054 Heritage Point Drive
Address: Tampa, FL 33647

Vice President: Henry Elam
7314 Patio Row
Address: Hudson, FL 33667

Secretary: Gina K. Lammers
20054 Heritage Point Drive, Tampa, FL 33647
Address:

Treasurer: Gina K. Lammers
20054 Heritage Point Drive, Tampa, FL 33647
Address:

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

13. Carl R. Lammers
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Rev. Carl R. Lammers, President

14. _____
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

KNOX FELLOWSHIP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of October, 1989, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of October, 2017.

Elaine F. Marshall

Secretary of State



Scan to verify online.