

F18000002852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUN 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

BOOKER T. WASHINGTON SOCIETY, INC.

SUBJECT: _____
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:

RONALD A. COURT

_____ Name of Person

BOOKER T. WASHINGTON SOCIETY, INC.

_____ Firm/Company

713 N 2ND AVENUE, #2

_____ Address

EVANSVILLE, IN 47710-1592

_____ City/State and Zip Code

COURT@BTWSOCIETY.ORG

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

For further information concerning this matter, please call:

Ronald Court _____ at (_____) _____
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:

BOOKER T WASHINGTON SOCIETY 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. INDIANA 20-3435526
3. _____ (FEI number, if applicable)

4. Oct. 5, 2005 (in VT); moved to IN: June 8, 2017 5. perpetual

(Date of Incorporation) (Date of duration, if other than perpetual)

6. not yet

7. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

713 N 2nd Avenue, #2, Evansville, IN 47710-1592

7. _____ (Principal office address)

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TALLAHASSEE, FLORIDA

(Current mailing address, if different)

8. non-profit educational, charitable, youth mentoring.

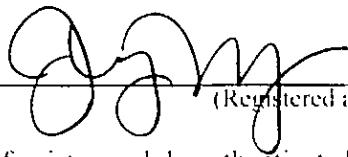
9. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Judy Lee Moore
Office Address: 15600 NW 7th Avenue, #801
Miami, Florida 33169
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RONALD A. COURT

Address: 213 N. 2d Avenue #2
EVANSVILLE, IN 47710

Vice President: FRED WACE

Address: 45 FOX RUN ROAD
ESSEX CT, VT 05452

Secretary: GLORIA JACKSON

Address: 3817 CAESTWAY DR., VIEW PARK, CA 90043

Treasurer: ROBERT A. DESHAY

Address: 536 SANTO FE TRAIL, #257, IRVING, TX 75063

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

13. Ma Court Pres
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RONALD A. COURT
(Typed or printed name and capacity of person signing application)

18
JUN 18 1988
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
M 3:00

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BOOKER T. WASHINGTON SOCIETY INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 05, 2005, and was in existence or authorized to transact business in the State of Indiana on May 31, 2018.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 31, 2018

A handwritten signature in cursive script that reads "Connie Lawson".

CONNIE LAWSON
SECRETARY OF STATE

201706081199461 / 2018630996

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on June 30, 2018.