

F18000003359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

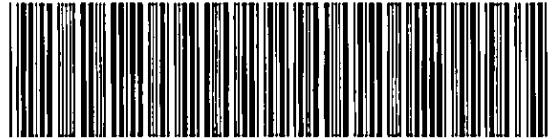
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W18-11811



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2018

CINDY BUTLER
1699 HWY 273
ANDERSON, CA 96007 US

SUBJECT: SHASTA - CASCADE WONDERLAND ASSOCIATION, INC.
Ref. Number: W18000061811

We have received your document for SHASTA - CASCADE WONDERLAND ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

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) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 318A00013888

RECEIVED

2018 JUL 19 PM 12:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shasta-Cascade Wonderland Association
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:

Cindy Butler
Name of Person

Shasta-Cascade Wonderland Association
Firm/Company

1699 Hwy 273
Address

Anderson, CA 96007
City/State and Zip Code

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

For further information concerning this matter, please call:

Cindy Butler at (530) 365-7500
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. Shasta-Cascade Wonderland 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. California 3. EIN - 94-0858370
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/23/1931 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. July 1, 2018 (or when approved)
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1699 Hwy 273, Anderson, CA 96007
(Principal office address)

1699 Hwy 273, Anderson, CA 96007
(Current mailing address, if different)

8. To promote economic development through Tourism & Education
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
of recreational opportunities

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

Name: LISA FIORINA-MAY

Office Address: 6016 DOGLEG DR

NAPLES, Florida 34113
(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.

Lisa Fiorina-May
(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: Ed Rullman

Address: 40 Best Western Hilltop

2300 Hilltop Drive, Redding, CA 96002

Vice President: Dave Gowan

Address: P.O. Box 850, Red Bluff, CA 96080

Secretary: Jeff Titcomb

Address: P.O. Box 693, Greenville, CA 95947

Treasurer: Jeff Titcomb

Address: P.O. Box 693, Greenville, CA 95947

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. Ed Rullman - President

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

2018 JUL 20 PM 2:45
JUL 20 2018
REDDING, CA
CLERK OF SUPERIOR COURT

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SHASTA-CASCADE WONDERLAND ASSOCIATION

FILE NUMBER: C0146839
FORMATION DATE: 10/23/1931
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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RECEIVED
OFFICE OF THE SECRETARY OF STATE
CALIFORNIA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 04, 2018.

ALEX PADILLA
Secretary of State