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(City/State/Zip/Phone #)

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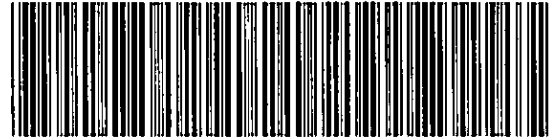
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**APPROVED
AND
FILED
2019 JAN 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1/23/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coalition of Prison Evangelist, 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:

Cheryl Greenwood
Name of Person

Coalition of Prison Evangelist
Firm/Company

9102 Great Heron Circle
Address

Orlando, FL 32836
City/State and Zip Code

Office @ COPECONNECTS.ORG
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Greenwood at (407) 909-0759
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. Coalition of Rison Evangelist, 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 29, 1984 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 9102 GREAT HERON CIRCLE ORLANDO, FL 32836
(Principal office address)

P.O. Box 3446, WINDERMERE, FL 34786
(Current mailing address, if different)

8. Home Office now located in Florida
(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: Cheryl Greenwood

Office Address: 9102 GREAT HERON CIRCLE

ORLANDO, Florida 32836
(City) (Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Cheryl Greenwood
(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: Cheryl Greenwood

Address: 9102 GREAT HERON CR., ORLANDO, FL 32836

Vice President: DAN UTZ

Address: 671 DEERE CREEK ROAD, ATMORE, AL 36502

Secretary: Evelyn Lemly

Address: 100 DeBary Plantation Blvd, DeBary, FL 32713

Treasurer: Brent Bishop

Address: PO Box 3211, Fredericton B, Fredericton, NB
E3A 6G9 CANADA

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

13. Cheryl Greenwood
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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AND
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TALLAHASSEE, FLORIDA

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, **Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

COALITION OF PRISON EVANGELISTS, 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 : 16407715
Date Inc/Auth/Filed: 05/29/1984
Jurisdiction : Georgia
Print Date : 01/10/2019
Form Number : 211



Robyn A. Crittenden
Secretary of State