

F190000001300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

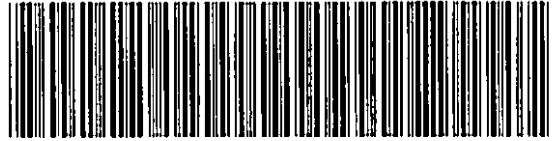
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400325849284

03/06/19--01003--008 **70.00

2019-03-06 14:00

F1900

3/19/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rogers Memorial Hospital Foundation, 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:

Dawn Krautkramer

Name of Person

Rogers Memorial Hospital, Inc.

Firm/Company

34700 Valley Road

Address

Oconomowoc, WI 53066

City/State and Zip Code

Dawn.Krautkramer@rogershospital.org

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

For further information concerning this matter, please call:

James Junger

Name of Person

at (414)

Area Code

721-0922

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. Rogers Memorial Hospital Foundation, 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. Wisconsin 3. 39-1363507
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/08/1980 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 34700 Valley Road, Oconomowoc, WI 53066
(Principal office address)

Same
(Current mailing address, if different)

8. Organized and operated for charitable purposes and related to tax exempt 501(c)(3) affiliates of Rogers Behavioral Health.
(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: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.



Bill Havre - Assistant Secretary
(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: See attached listing

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attached listing

Address:

Vice President

Address:

Secretary:

Address:

Treasurer:

Address:

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. _____

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

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ROGERS MEMORIAL HOSPITAL FOUNDATION, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 08, 1980.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

3
3
-
3
.
3
3
3
3



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 01, 2019.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 237779-86139A91

Wisconsin Department of Financial Institutions
Strengthening Wisconsin's Financial Future

Verify Certificate of Status

Please enter authenticity code

237779-86139A91

Submit

Certificate Information

Organization Name: ROGERS MEMORIAL HOSPITAL
FOUNDATION, INC.

Purchase Date: 2/1/2019 12:03:58 PM

Certificate Text: is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 08, 1980.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

Help

The authenticity code can be found at the bottom of the certificate.



Rogers Memorial Hospital Foundation, Inc.

Officers and Directors

Address for all Individuals: 34700 Valley Road
Oconomowoc, WI 53066

Board Officers:

Julie Ellenbecker-Lipsky, CFP (Chair)
Kevin Konopa (Vice Chair and Treasurer)
Diem Nguyen (Secretary)

Corporate Officer:

Matthias Schueth
Executive Vice President
Rogers Memorial Hospital
Foundation

Board Members:

Myriem Bennani
Ron Deabler
Molly Fritz
Carolyn Gambill
Jill Hazod
Dr. David Jacobi
Kevin Joy
Brian Keeling
Lori Lorenz
Anne Schumaker
Barbara Zabawa
Nate Zastrow