F19000003921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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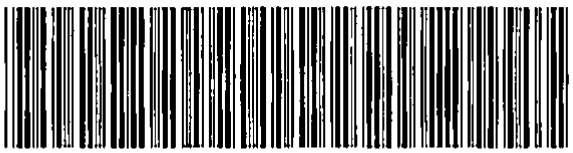

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AUG 26 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2019

STEVEN HAYDEN
407 BRYANT CIRCLE, STE C
OJAI, CA 93023

SUBJECT: MOTHER OF DIVINE GRACE, INC.
Ref. Number: W19000075469

We have received your document for MOTHER OF DIVINE GRACE, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please assign each officer/director a title,

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00016813

# COVER LETTER

**TO:** Registration Section
Division of Corporations

Mother of Divine Grace, 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:

Steven E Hayden
_____
Name of Person

Mother of Divine Grace, Inc.
_____
Firm/Company

_____

407 Bryant Circle, Suite C
_____
Address

Ojai, CA 93023
_____
City/State and Zip Code

businessdirector@modg.org
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven E Hayden at (805) 798-3486
_____ _____ _____
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:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ■ $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. Mother of Divine Grace, 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
(State or country under the law of which it is incorporated)

3. 20-8607181
(FEI number, if applicable)

4. 01/25/2007
(Date of Incorporation)

5. _____
(Date of duration, if other than perpetual)

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

7. 407 Bryant Circle, Suite C, Ojai, CA 93023
(Principal office **street** address)

(Current mailing address, if different)

8. To provide Roman Catholic classical education.
(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: Andrew Kuenstle

Office Address: 5179 Beckton Rd

Ave Maria (City), Florida 34142-5034 (Zip Code)

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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.***

Andrew Kuenstle
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☒Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Treasurer ☐Other: ☐ Other:
Name: Laura Berquist
Address: 407 Bryant Circle, Suite C, Ojai, CA 93023

☐Chairman ☐Vice Chairman ☒Director ☐President ☐Vice President ☐Secretary ☐Treasurer ☐ Other: ☐ Other:
Name: Fr. Thomas Dome
Address: 407 Bryant Circle, Suite C, Ojai, CA 93023

☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☒Secretary ☒Treasurer ☐Other: ☐ Other:
Name: Margaret Hayden
Address: 407 Bryant Circle, Suite C, Ojai, CA 93023

☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Treasurer ☒ Other: Executive Director ☐ Other:
Name: Steven Hayden
Address: 407 Bryant Circle, Suite C, Ojai, CA 93023

☐Chairman ☐Vice Chairman ☒Director ☐President ☐Vice President ☐Secretary ☐Treasurer ☐Other: ☐ Other:
Name: Beth Schuberg
Address: 407 Bryant Circle, Suite C, Ojai, CA 93023

☐Chairman ☐Vice Chairman ☒Director ☐President ☐Vice President ☐Secretary ☐Treasurer ☐ Other: ☐ Other:
Name: Peter Edmund Waldstein
Address: 407 Bryant Circle, Suite C, Ojai, CA 93023

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NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Steven E Hayden
(Typed or printed name and capacity of person signing application)

Directors (7) for Mother of Divine Grace, Inc

Location: 407 Bryant Circle, Suite C, Ojai, CA 93023

Laura M. Berquist, Chairman
Fr. Thomas Dome
Margaret A. Hayden, Secretary/Treasurer
Steven E. Hayden, Executive Director
Beth Schuberg
Pater Edmund Waldstein
Fr. Sebastian Walshe

# State of California
## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MOTHER OF DIVINE GRACE, INC.

| | |
|---|---|
| FILE NUMBER: | C2964222 |
| FORMATION DATE: | 01/25/2007 |
| TYPE: | DOMESTIC NONPROFIT CORPORATION |
| JURISDICTION: | CALIFORNIA |
| STATUS: | ACTIVE (GOOD STANDING) |

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 June 27, 2019.

ALEX PADILLA
Secretary of State