

F190000004331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

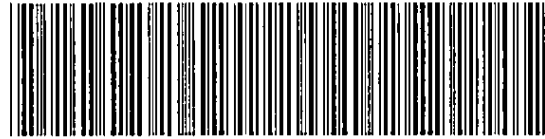
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 24 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/23/2019

****WALK IN****

ENTITY NAME CANCER SUPPORT COMMUNITY, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70.00

CHECK # 6628

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANCER SUPPORT COMMUNITY, 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:

Maria Gonzalo

Name of Person

CANCER SUPPORT COMMUNITY, Inc.

Firm/Company

734 15TH STREET NW SUITE 300

Address

WASHINGTON, DC 20005

City/State and Zip Code

AHENDERSON@URSCOMPLIANCE.COM

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

For further information concerning this matter, please call:

Kathy Clark

Name of Person

at (800)

Area Code

567-4397

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. CANCER SUPPORT COMMUNITY, 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. 95-4163931
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/19/1988 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 734 15TH STREET NW SUITE 300 WASHINGTON, DC 20005
(Principal office street address)

(Current mailing address, if different)

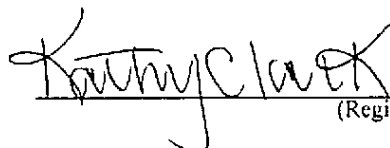
8. CHARITABLE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: URS AGENTS, LLC
Office Address: 3458 LAKESHORE DRIVE
TALLAHASSEE, Florida 32312
(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.



Kathy Clark, 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.

2019 SEP 23 AM 10:52

FILED

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 Name: Jeffrey Travers
☐ Vice Chairman Address: 734 15th Street NW, Suite 300
☐ Director Washington, DC 20005
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: COO/CFO ☐ Other: _____

☐ Chairman Name: Linda House
☐ Vice Chairman Address: 734 15th Street NW, Suite 300
☐ Director Washington, DC 20005
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kim Thiboldeaux
☐ Vice Chairman Address: 734 15th Street NW, Suite 300
☐ Director Washington, DC 20005
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Lauren G. Barnes
☐ Vice Chairman Address: 734 15th Street NW, Suite 300
☐ Director Washington, DC 20005
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Jill Durovsk
☐ Vice Chairman Address: 734 15th Street NW, Suite 300
☐ Director Washington, DC 20005
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Andrew L. Sandler
☒ Vice Chairman Address: 734 15th Street NW, Suite 300
☐ Director Washington, DC 20005
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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

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

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

CANCER SUPPORT COMMUNITY

FILE NUMBER: C1436972
FORMATION DATE: 05/19/1988
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 September 19, 2019.

ALEX PADILLA
Secretary of State

RML