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2020 MAR 10 PM 3:50
T. LEMUEUX
MAR 12 2020
CLERK OF COURT
ALBUQUERQUE, NEW MEXICO

620-19630

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE OF REFUGE INTERNATIONAL 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:

RYAN WALKER

Name of Person

HOUSE OF REFUGE INTERNATIONAL INC

Firm/Company

292 NEW LUDLOW RD

Address

CHICOPEE, MA 01020

City/State and Zip Code

RWALKER@HOUSEOFREFUGEINTL.ORG

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

For further information concerning this matter, please call:

RYAN WALKER

at (413)

437-8600

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2020

RYAN WALKER
292 NEW LUDLOW RD
CHICOPEE, MA 01020

SUBJECT: HOUSE OF REFUGE INTERNATIONAL INC.
Ref. Number: W20000019630

We have received your document for HOUSE OF REFUGE INTERNATIONAL 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):

You must have a principal street address. All you have listed is a P.O. BOX for your mailing address.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 120A00004066

RECEIVED

MAR 10 2020

**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. HOUSE OF REFUGE INTERNATIONAL 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.)

HOUSE OF REFUGE INTERNATIONAL FORT MYERS, NC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS

(State or country under the law of which it is incorporated)

3. 27-1732688

(FEI number, if applicable)

4. NOVEMBER 18 2005

(Date of incorporation)

5. PERPETUAL

(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.)

~~P.O. BOX 358, CHICOPEE, MA 01021~~

292 New Ludlow Rd, Chicopee, MA 01020
(Current mailing address, if different)

8. CHURCH

(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: AINSLY MANNING

Office Address: 401 YOLANDA STREET

LEHIGH ACRES

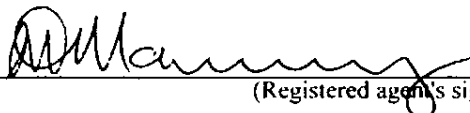
(City)

Florida 33972

(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.



(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.

FILED
MAR 10 PM 3:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: RYAN WALKER
☐ Vice Chairman Address: 93 JOANNE RD
☐ Director SPRINGFIELD, MA 01119
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: VONETTA WALKER
☐ Vice Chairman Address: 93 JOANNE RD
☒ Director SPRINGFIELD, MA 01119
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

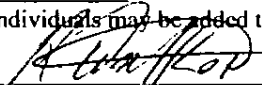
☐ Chairman Name: CATHLEEN MAXWELL
☐ Vice Chairman Address: 159 UNIVERSITY STREET
☐ Director SPRINGFIELD, MA 01104
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: AINSLY MANNING
☐ Vice Chairman Address: 25 MASSACHUSETTS AVE
☒ Director SPRINGFIELD, MA 01109
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: KEITH HENRY
☐ Vice Chairman Address: 76 GARDENS DRIVE
☒ Director SPRINGFIELD, MA 01119
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: WILLIAM MABRY
☐ Vice Chairman Address: 86 RIVERVIEW TERRACE
☒ Director APT G
☐ President CHICOPEE, MA 01020
☐ 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. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RYAN WALKER PRESIDENT
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

February 3, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

HOUSE OF REFUGE INTERNATIONAL, INC.

is a domestic corporation organized on **November 17, 2005 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth