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MAY 29 2020

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TO: Registration Section
Division of Corporations

SUBJECT: Performance Outcome Solutions Center, 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:

Everlyn Coleman
Name of Person

Performance Outcome and Solutions Center, INC.
Firm/Company

PO Box 1923
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

colemaneve@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Everlyn Coleman
Name of Person

at (850)

396-8931

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

**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. Performance Outcome and Solutions Center, 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. Alabama

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

3. 20-2138916

(FEI number, if applicable)

4. January 20, 2005

(Date of Incorporation)

5. _____

(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. 421 Mary Esther Blvd STE A Mary Esther FL 32569

(Principal office street address)

PO Box 1923 Santa Rosa Beach, FL 32459

(Current mailing address, if different)

8. The Corporation is organized and at all times shall be operated for the development and promotion of charitable, religious, educational and scientific

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

purposes

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

Name: Everlyn Coleman

Office Address: 421 Mary Esther Blvd Ste A

Mary Esther

(City)

, Florida

32569

(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.

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

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Everlyn Coleman</u>	<input type="checkbox"/> Chairman	Name: <u>Shynee A. Allen</u>
<input type="checkbox"/> Vice Chairman	Address: <u>421 Mary Esther Blvd</u>	<input checked="" type="checkbox"/> Vice Chairman	Address: <u>124 Shirley Dr. NW</u>
<input type="checkbox"/> Director	<u>Ste A.</u>	<input type="checkbox"/> Director	<u>Fort Walton Beach</u>
<input type="checkbox"/> President	<u>Mary Esther, FL 32569</u>	<input type="checkbox"/> President	<u>Florida 32548</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>Mary J. Silva</u>	<input type="checkbox"/> Chairman	Name: <u>D'emetri O. Allen</u>
<input type="checkbox"/> Vice Chairman	Address: <u>PO Box 1218</u>	<input type="checkbox"/> Vice Chairman	Address: <u>124 Shirley Dr. NW</u>
<input type="checkbox"/> Director	<u>Mary Esther, FL 32569</u>	<input type="checkbox"/> Director	<u>Fort Walton Beach</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	<u>Florida 32548</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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. Coleman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Performance Outcome and Solutions Center, Inc. was formed in Montgomery County, Alabama on January 20, 2005. The Alabama Entity Identification number for this entity is 561-234. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/13/2020

Date

A handwritten signature in cursive script, appearing to read 'J. H. Merrill'.

John H. Merrill

Secretary of State