

F20000002539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

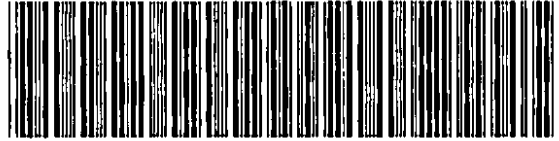
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/9
DC

Office Use Only



600345481766

06/02/20--01023--017 **78.75

FILED

20 JUN -2 AM 12:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resource Center for Independent Living, 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:

Deone M. Wilson

Name of Person

Resource Center for Independent Living, Inc.

Firm/Company

PO Box, 257

1137 Laing Street

Address

Osage City, KS 66523

City/State and Zip Code

deone@rcilinc.org

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

20 JUN -2 AM 12:59

FILED

For further information concerning this matter, please call:

Michael A. Pitts

at (785) 528-3105

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 Conv

**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. Resource Center for Independent Living, 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. Kansas 3. 48-0999139
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 21, 1984 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1137 Laing Street, Osage City, KS 66523
(Principal office street address)

PO Box 257, Osage City, KS 66523
(Current mailing address, if different)

8. Database programming for Kansas non-profit organization, no other services will be performed in Florida.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

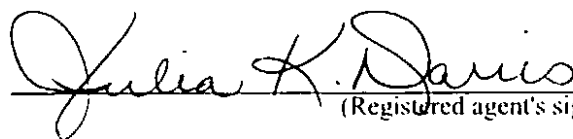
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Julia Davis
Office Address: 120 Wildwood Ave.
Edgewater, Florida 32132
(City) (Zip Code)

FILED
20 JUN -2 AM 12:59

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

☐ Chairman Name: Deone M. Wilson
☐ Vice Chairman Address: 1137 Laing Street
☐ Director Osage City, KS 66523
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Michael A. Pitts
☐ Vice Chairman Address: 1137 Laing Street
☐ Director Osage City, KS 66523
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Rebecca A. Brewer
☐ Vice Chairman Address: 1137 Laing Street
☐ Director Osage City, KS 66523
☐ President _____
☐ Vice President _____
☒ Secretary Per email correspondence ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Dana M. Pinkston
☐ Vice Chairman Address: 328 W. 6th
☐ Director Lyndon, KS 66451
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kraig Kettler
☒ Vice Chairman Address: 503 N. Walnut
☐ Director Paola, KS 66071
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. Deone M. Wilson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Deone M. Wilson, President & Executive Director
(Typed or printed name and capacity of person signing application)

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0888255

Entity Name: RESOURCE CENTER FOR INDEPENDENT LIVING, INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: RESOURCE CENTER FOR INDEPENDENT LIVING, INC.

Registered Office: 1137 LAING ST., P.O. BOX 257, OSAGE CITY, KS 66523

was filed in this office on September 21, 1984, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 22, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1137926 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

Chang, Laura D.

From: Deone Wilson <Deone@rcilinc.org>
Sent: Tuesday, June 9, 2020 11:26 AM
To: Chang, Laura D.
Subject: RE: Officer Question

EMAIL RECEIVED FROM EXTERNAL SOURCE

Yes, please, check the box. Thank you.

Deone M. Wilson, Executive Director
Resource Center for Independent Living, Inc.
1137 Laing Street, PO Box 257
Osage City, KS 66523

785-528-3105
deone@rcilinc.org

From: Chang, Laura D. [mailto:Laura.Chang@dos.myflorida.com]
Sent: Tuesday, June 9, 2020 10:24 AM
To: Deone Wilson <Deone@rcilinc.org>
Subject: RE: Officer Question

Thank you for the reply.
If you give me permission to check the secretary box on the form
I can do that.

Thank you.

Laura Chang
Regulatory Specialist II
Department of State
Division of Corporations
Telephone: (850) 245-6051
Fax: (850) 245-6597
Email: Laura.Chang@dos.myflorida.com

From: Deone Wilson <Deone@rcilinc.org>
Sent: Tuesday, June 9, 2020 11:05 AM
To: Chang, Laura D. <Laura.Chang@dos.myflorida.com>
Subject: Officer Question

EMAIL RECEIVED FROM EXTERNAL SOURCE

Good Morning, Laura,

I received your voicemail regarding the information I submitted and my omission of Rebecca Brewer's position. She is the Secretary of our corporation. Do I need to fill out a whole new form?

Deone M. Wilson, Executive Director
Resource Center for Independent Living, Inc.
1137 Laing Street, PO Box 257
Osage City, KS 66523

785-528-3105
deone@rcilinc.org