

F21000 00347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

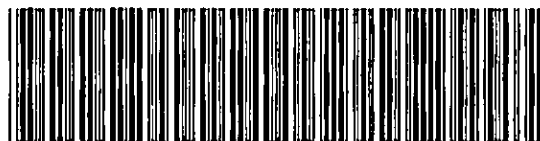
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11/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOODFIELD CHRISTIAN MINISTRIES, 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:

JAEI RIVAS

Name of Person

WOODFIELD CHRISTIAN MINISTRIES, INC

Firm/Company

2 JAUQUES DRIVE

Address

WASHINGTONVILLE, NY 10992

City/State and Zip Code

rector@woodfieldchristianuniversity.org

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

For further information concerning this matter, please call:

Rev. Jael Rivas

Name of Person

at (917)
Area Code

459-6209

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**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. WOODFIELD CHRISTIAN MINISTRIES, 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.)

WOODFIELD CHRISTIAN UNIVERSITY, INC.

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

2. NEW YORK 3. 27-2728460
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 14TH, 2009 5. PERPETUAL
(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. 1270 AVENUE OF THE AMERICAS, 7TH FLOOR, NEW YORK, NY 10992
(Principal office street address)

2 JAUQUES DRIVE, WASHINGTONVILLE, NY 10992
(Current mailing address, if different)

8. TO DISSEMINATE THE WORD OF GOD AND TO CREATE INNOVATIVE EDUCATIONAL OPPORTUNITIES
(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: Registered Agents Inc.

Office Address: 7901 4th Street N, Suite 300

St. Petersburg, Florida 33702
(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.

Bill Hauke
(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: REV. JAEI RIVAS
☐ Vice Chairman Address: 2 JAQUES DRIVE
☐ Director WASHINGTONVILLE, NY 10992
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: YOHAIKA REYNOSO
☐ Vice Chairman Address: 31 RESERVOIR ROAD
☐ Director WALLKILL, NY 12589
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ATTILIO PERNA
☐ Vice Chairman Address: 1270 AVE. OF THE AMERICA
☐ Director 7TH FLOOR
☐ President NEW YORK, NY 10020
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

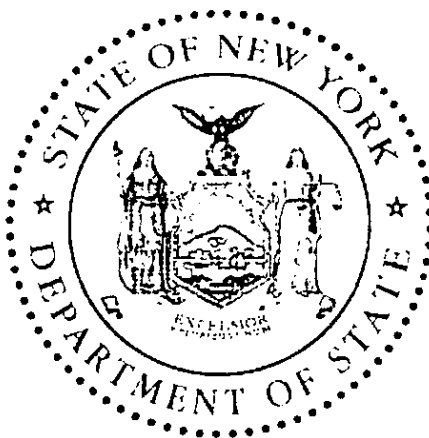
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. JAEI RIVAS, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WOODFIELD CHRISTIAN MINISTRIES, INC. was filed on 04/15/2009, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



7046 05 11 05

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of December two
thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*2nd submission
Rivas*

November 4, 2020

Jael Rivas
2 Jaques Drive
Washingtonville, NY 10992 US

SUBJECT: WOODFIELD CHRISTIAN MINISTRIES, INC.
Ref. Number: W20000127030

We have received your document for WOODFIELD CHRISTIAN MINISTRIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 720A00022002

RECEIVED
DEC 28 2020