

F21000001424

(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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Mr Butler 3/12/21 00524  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MISSION OF COMPASSION, 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:

DAVID J. BUTLER

Name of Person

MISSION OF COMPASSION

Firm/Company

PO BOX 1087

167 EAGLE BAY LANE

Address

SANTA ROSA BEACH, FL. 32459

City/State and Zip Code

destinpastor@gmail.com

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

For further information concerning this matter, please call:

DAVID J. BUTLER

Name of Person

at ( 850 ) 502-7050

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

**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. MISSION OF COMPASSION, 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.)

MISSION DONATION CENTER Inc.

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

2. TEXAS 3. 47-5438036  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. \_\_\_\_\_ 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. 209 S. PATTON ST., JACKSONVILLE, TX. 75766  
(Principal office street address)

P.O. BOX 1087, SANTA ROSA BEACH, FL. 32459  
(Current mailing address, if different)

8. CHARITABLE AND RELIGIOUS ORGANIZATION FORMED UNDER IRS Code Section  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 501(c)(3)

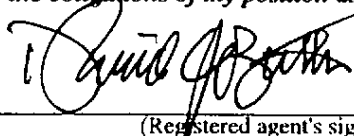
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: DAVID J. BUTLER

Office Address: 167 EAGLE BAY LANE  
SANTA ROSA BEACH, Florida 32459  
(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.*



(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 type="checkbox"/> Chairman             | Name: <u>DAVID J. BUTLER</u>             | <input type="checkbox"/> Chairman       | Name: _____                           |
| <input type="checkbox"/> Vice Chairman        | Address: <u>167 EAGLE BAY LANE</u>       | <input type="checkbox"/> Vice Chairman  | Address: _____                        |
| <input type="checkbox"/> Director             | <u>SANTA ROSA BEACH, FL. 32459</u>       | <input type="checkbox"/> Director       | _____                                 |
| <input checked="" 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: _____ |
|   |  |   |                                       |
| <input type="checkbox"/> Chairman             | Name: <u>RENEE BUTLER</u>                | <input type="checkbox"/> Chairman       | Name: _____                           |
| <input type="checkbox"/> Vice Chairman        | Address: <u>167 EAGLE BAY LANE</u>       | <input type="checkbox"/> Vice Chairman  | Address: _____                        |
| <input checked="" type="checkbox"/> Director  | <u>SANTA ROSA BEACH, FL. 32459</u>       | <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: _____ |
|   |  |   |                                       |
| <input type="checkbox"/> Chairman             | Name: <u>AUBREY JAY ROE</u>              | <input type="checkbox"/> Chairman       | Name: _____                           |
| <input type="checkbox"/> Vice Chairman        | Address: <u>101 S. WASHINGTON, STE 1</u> | <input type="checkbox"/> Vice Chairman  | Address: _____                        |
| <input checked="" type="checkbox"/> Director  | <u>FORREST CITY, AR 72335</u>            | <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. David J. Butler  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID J. BUTLER, PRES  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P O Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MISSION OF COMPASSION, INC. (file number 802331571), a Domestic Nonprofit Corporation, was filed in this office on November 16, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 12, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State

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