

6/4/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

STATE OF FLORIDA
TALLAHASSEE, FL

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Email Address: _____

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FOREIGN PROFIT/NONPROFIT CORPORATION
Credit & Homeownership Empowerment Services, Corp

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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5/21
6/7/21

**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. Credit & Homeownership Empowerment Services, Corp

(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. MO 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/16/2010 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. 3125 Gillham Plaza Kansas City MO 64109
(Principal office street address)

3125 Gillham Plaza Kansas City MO 64109
(Current mailing address, if different)

8. See attached document
(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 St N STE 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.



(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.

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TALLAHASSEE, FL

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: Coley Williams
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg FL 33702
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ron Farmer
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg FL 33702
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cynthia Anderson
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg, FL USA 33702
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ruby Adams
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg, FL USA 33702
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Bob Farmer
☐ Vice Chairman Address: 7901 4th St N STE 300
☒ Director St. Petersburg, FL USA 33702
☐ 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. Ron Farmer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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

US Department of Housing & Urban Development - HUD housing counseling services and any other lawful business or activity under the law of Florida. This organization is authorized to pursue the same business purpose in the state of formation, Missouri.

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CLERK OF COURT
TALLAHASSEE, FL

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

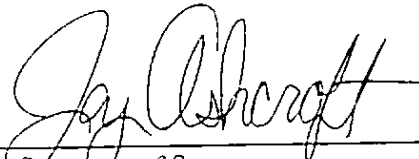
Credit & Homeownership Empowerment Services

N01078580

A Missouri entity was created under the laws of this State on 8/16/2010, and in Good Standing having fully complied with all the requirements of this office.

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SECRETARY OF STATE
JEFFERSON, MO

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 26th day of May, 2021.


Secretary of State

Certification Number: CERT-IN84992

