

6/16/2021

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

FLTI, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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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. FLTI, 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. Arkansas

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

3. 20-5340940

(FEI number, if applicable)

4. 09/01/2006

(Date of Incorporation)

5. _____

(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. 100 Lake Hart Drive, MC 3500, Orlando FL 32832

(Principal office street address)

5800 Ranch Drive, Little Rock, Arkansas, 72223

(Current mailing address, if different)

8. The corporation is organized and operated solely for religious purposes within the meaning of IRS Section 501(c)(3)

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

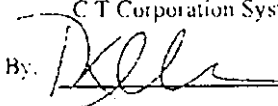
Florida 33324

(Zip Code)

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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.

By: C T Corporation System


Tracy Kellner Asst. Secretary

(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.

DIRECTORS

☐ Chairman Name: Valerie Hanson
☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500
☒ Director Orlando, FL 32832
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Greg Lillestund
☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500
☒ Director Orlando, FL 32832
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Steve A. Robinson
☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500
☒ Director Orlando, FL 32832
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Alicia La Hoz
☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500
☒ Director Orlando, FL 32832
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Crawford W. Loritts, Jr.
☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500
☒ Director Orlando, FL 32832
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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

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ORLANDO, FLORIDA

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: David Robbins

☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500

☒ Director Orlando, FL 32832

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other: CEO ☐ Other: _____

☒ Chairman Name: Bryan Carter

☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500

☒ Director Orlando, FL 32832

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Chris Hemdon

☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500

☐ Director Orlando, FL 32832

☐ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Barbara Bouchard

☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500

☐ Director Orlando, FL 32832

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Scott Beck

☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500

☒ Director Orlando, FL 32832

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kerry Bradley

☐ Vice Chairman Address: 100 Lake Hart Drive, MC 3500

☒ Director Orlando, FL 32832

☐ 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. Barbara Bouchard DocuSigned by: _____, Vice Chairman, or any officer listed in number 12 of the application)

14. Barbara Bouchard - Secretary
(Typed or printed name and capacity of person signing application)

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JULIA ASSETT, CLERK
ORLANDO, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Arkansas Secretary of State
John Thurston**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


FLTI

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office August 1, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 11th day of June 2021.


John Thurston
Secretary of State

Online Certificate Authorization Code: 7ffdecd7e2c856a
To verify the Authorization Code, visit sos.arkansas.gov