F22000001870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

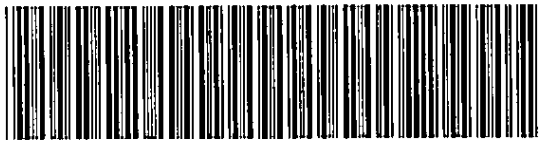
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

emailed updated certs 5/25/21

Office Use Only



200365899902

05/20/21--01007--009 **78.75

2021 MAY 25 PM 4:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Project Evolution 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:

Barbara Magwood
Name of Person

Project Evolution Inc
Firm/Company

Greater Refuge Temple

230 Huger Street
Address

Charleston, SC 29403
City/State and Zip Code

bjmagwood@verizon.net
E-mail address: (to be used for future annual report notification)

2021 MAY 25 PM 4:38

FILED

For further information concerning this matter, please call:

Barbara Magwood at (301) 252-1271
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 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. Project Evolution 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. Washington District of Columbia
(State or country under the law of which it is incorporated)

3. 47-2970522
(FEI number, if applicable)

4. 1/27/2015
(Date of Incorporation)

5. Perpetual
(Date of duration, if other than perpetual)

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

7. 3641 Georgia Avenue, NW, Washington, DC 20010
(Principal office **street** address)

230 Huger Street, Charleston, SC 29403
(Current mailing address, if different)

2021 MAY 25 PM 4:38

8. Assisting Returning Citizens upon release from incarceration.
(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: Kathy Groover

Office Address: 1317 Rowe Avenue

Jacksonville (City), Florida 32208 (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.

x Kathryn Groover
(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 ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Other: ☐ Other:
Name: Janice McNair
Address: 2715 Snowbird Terr. #1 Silver Spring MD 20906

☐ Chairman ☒ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Other: ☐ Other:
Name: DyAnne Moultrie
Address: 23 Sigamore Ave., Medford, MA 02156

☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☒ Secretary ☐ Treasurer ☐ Other: ☐ Other:
Name: Robin Jackson
Address: 14255 Hampshire Hall Ct, Upper Marlboro, MD 20772

☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☒ Other: Asst. Sec./Treas. ☐ Other:
Name: Barbara Magwood
Address: 3245 Glenn McConnell Pkwy., Charleston, SC 29414

2021 MAY 25 PM 4:38

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

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

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 Magwood
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Barbara Magwood, Asst. Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

Florida Secretary of State

Officers of the Board of Directors

Board Chair	Janice McNair	2715 Snowbird Terrace #1 Silver Spring, MD 20906
Vice Chair	DyAnne Moultrie	23 Sigamore Avenue, Medford, MA 02156
Secretary	Robin Jackson	14255 Hampshire Hall CT., Upper Marlboro, MD 20772
Assist. Sec/Treas.	Barbara Magwood	3245 Glenn McConnell Pkwy., Charleston, SC 29414

Initial File #: N00005093914
Entity Type: Non-Profit Corporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION

CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

Project Evolution Inc

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 01/27/2015 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 5/26/2021 2:27 PM

Business and Professional Licensing Administration

Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

2021 MAY 25 PM 4:38

Muriel Bowser
Mayor

Tracking #: 1tmiONYQ