

AL0000003681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

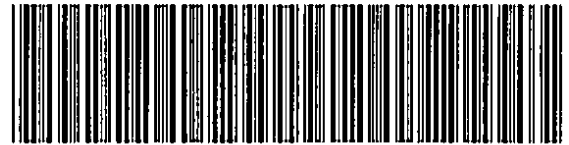
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lifeline Christian Mission, 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.

Jennifer Frith
Name of Person

Labyrinth, Inc.
Firm/Company

15829 Crabbs Branch Way, Suite 100
Address

Rockville, MD 20855
City/State and Zip Code

jennifer@labyrinthinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Frith at (240) 614-7611 ext. 01
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. Lifeline Christian Mission, 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. Ohio 3. 31-0999791
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 12/8/1980 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. 921 Eastwind Drive, Suite 104, Westerville, OH 43081
(Principal office street address)
- Same as street address
(Current mailing address, if different)
8. Charitable Solicitation
(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: Northwest Registered Agent Lic
- Office Address: 7901 4th Street North, 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.
- Tom Glover
(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.

FILED
JUN 22 PM 2:26
TALLAHASSEE
STATE
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: Benjamin E. Simms

☐ Vice Chairman Address: _____

☐ Director 921 Eastwind Drive, Suite 104

☒ President Westerville, OH 43081

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other: _____

☐ Chairman Name: Doug Crozier

☒ Vice Chairman Address: _____

☐ Director 921 Eastwind Drive, Suite 104

☐ President Westerville, OH 43081

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kurt Braun

☐ Vice Chairman Address: _____

☐ Director 921 Eastwind Drive, Suite 104

☐ President Westerville, OH 43081

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robin Seavers

☐ Vice Chairman Address: _____

☐ Director 921 Eastwind Drive, Suite 104

☐ President Westerville, OH 43081

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Greg Byington

☐ Vice Chairman Address: _____

☐ Director 921 Eastwind Drive, Suite 104

☐ President Westerville, OH 43081

☐ 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. Benjamin E. Simms
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Benjamin E. Simms, President, CEO
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LIFELINE CHRISTIAN MISSION, an Ohio not for profit corporation, Charter No. 565382, having its principal location in Westerville, County of Franklin, was incorporated on December 8, 1980 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 6th day of April, A.D. 2021.*

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202109601684