

F21000004083

(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:

Rec'd 7-20-21

Office Use Only



700369183437

07/09/21--01025--014 \*\*87.50

SECRETARY OF STATE  
151 MASS ST. FLD 10207

2021 JUL 20 AM 11:15

FILED

JUL 21 2021

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Association of Fundraising Distributors & Suppliers, 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:

R. Thomas Ballantine

\_\_\_\_\_  
Name of Person

Ballantine Management Group

\_\_\_\_\_  
Firm/Company

5858 Lakehurst Drive

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

rtballantine@bmg1.com

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

For further information concerning this matter, please call:

R. Thomas Ballantine

\_\_\_\_\_  
Name of Person

at ( 540 )  
Area Code

220-6404

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Association of Fund-Raising Distributors & Suppliers, Incorporated

(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.)

AFRDS

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

2. Illinois 3. 58-1814803  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/19/1988 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 7/01/2021  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5858 Lakehurst Drive Orlando, FL 32819  
(Principal office street address)

(Current mailing address, if different)

8. To unify, promote, educate and safeguard the fundraising industry.  
(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: Ballantine Management

Office Address: 5858 Lakehurst Drive

Orlando

(City)

, Florida 32819

(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.

2021 JUL 20 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Jim Messina  
Address: Ashley Farms 220 West Pkwy Unit 1 & 2  
Pompton Plains, NJ 07444

Vice Chairman: Nick Kukta  
Address: Great Western Reserve Fundraising 3235 Manchester Road Ste. 8  
Akron, OH 44319

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Jim Messina  
Address: Ashley Farms 220 West Pkwy Unit 1 & 2  
Pompton Plains, NJ 07444

Vice President: Mark Van Wyck  
Address: PO Box 370  
Castle Rock, CO 80104

Secretary: Jill Stevens  
Address: Little Caesars Fundraising 2211 Woodward Avenue Detroit, MI 48201

Treasurer: Charlie Kesler  
Address: Supply Concepts LLC PO Box 2395 Brookfield, WI 53005

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Charlie Kesler  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

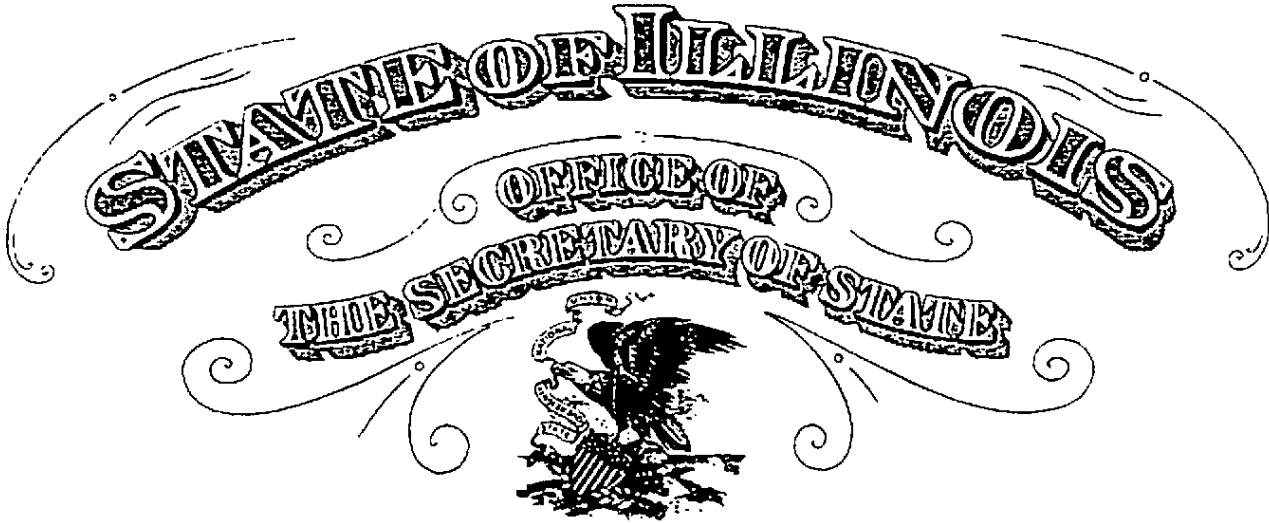
14. CHARLIE KESLER TREASURER  
(Typed or printed name and capacity of person signing application)

2021 JUL 20 AM 11:15  
CLERK OF SUPERIOR COURT  
JULY 20 2021

FILED

File Number

5526-462-7



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

ASSOCIATION OF FUND-RAISING DISTRIBUTORS & SUPPLIERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 19, 1988, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 29TH  
day of JUNE A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2021

R. THOMAS BALLANTINE  
BALLANTINE MANAGEMENT GROUP  
5858 LAKEHURST DRIVE  
ORLANDO, FL 32819

SUBJECT: ASSOCIATION OF FUND-RAISING DISTRIBUTORS &  
SUPPLIERS, INC.  
Ref. Number: W21000100894

We have received your document for ASSOCIATION OF FUND-RAISING DISTRIBUTORS & SUPPLIERS, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 921A00016311

*Rec'd 7-20-21*