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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

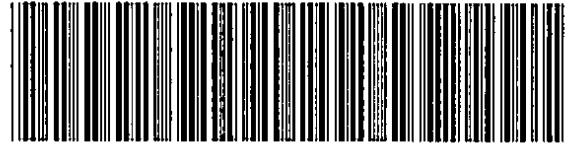
(Business Entity Name)

(Document Number)

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T. LEMIEUX

DEC - 4 2021

2021-10-21  
146563

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MISSION PROPERTIES FOUNDATION

\_\_\_\_\_  
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:

SUSAN DWYER

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

DWYER TITLE, INC.

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

3000 KINGMAN ST., SU. 216

\_\_\_\_\_  
Address

METAIRIE, LA. 70006

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

dwyertitleinc@bellsouth.net

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

For further information concerning this matter, please call:

SUSAN DWYER

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

at ( 504 ) 456-9655

\_\_\_\_\_  
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**

- |   |  |   |   |
|---|--|---|---|
| <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 type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2021

SUSAN DWYER  
3000 KINGMAN ST STE 216  
METAIRIE, LA 70006

SUBJECT: MISSION PROPERTIES FOUNDATION  
Ref. Number: W21000146563

We have received your document for MISSION PROPERTIES FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 921A00027590

*See Attached*

RECEIVED  
NOV 24 2021

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. MISSION PROPERTIES FOUNDATION

(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.)

Mission Properties Foundation Incorporated

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

2. LOUISIANA

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

3. 72-1261034

(FEI number, if applicable)

4. 12/29/1993

(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. HOLLY TREE LANE, CRESTVIEW, FLORIDA, 32529

(Principal office street address)

P. O. BOX 56565, NEW ORLEANS, LA 70156

(Current mailing address, if different)

8. OWN, OPERATE, HOLD REAL PROPERTY/PURPOSE OF PERFORMING RELIGIOUS AND EDUCATIONAL ACTS

(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: CINDRA REYBA

Office Address: 289 LIGHTNING BUG LANE

FREEPORT

(City)

, Florida 32430

(Zip Code)

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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.*

Cindra L. Reyba Cindra L. Reyba

(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 Name: SUE KLEIN  
☐ Vice Chairman Address: 1020 TOULOUSE STREET  
☒ Director NEW ORLEANS, LA. 70112  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: MARIA SPAGNUOLA  
☐ Vice Chairman Address: 1643 KATER STREET  
☒ Director PHILADELPHIA, PA 19146  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

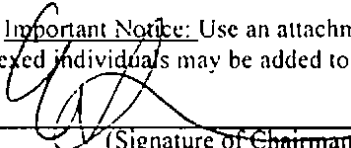
☐ Chairman Name: EDWIN A. GEOGHEGAN, JR.  
☐ Vice Chairman Address: 1226 FIRST STREET  
☒ Director NEW ORLEANS, LA. 70130  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: BENNETT POWELL  
☐ Vice Chairman Address: 215 SYCAMORE STREET  
☒ Director METAIRIE, LA. 70005  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

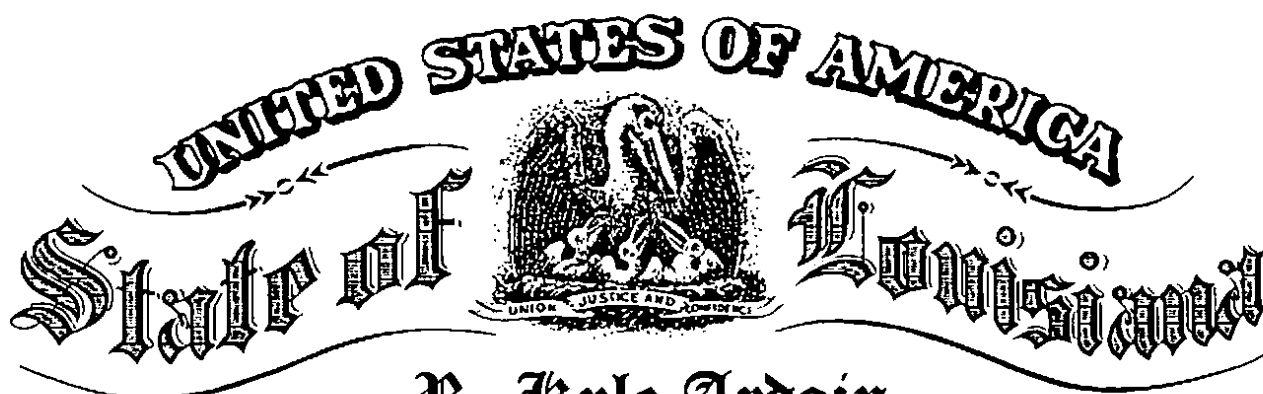
☐ Chairman Name: CHIP GARDNER  
☐ Vice Chairman Address: 13 EGRET STREET  
☒ Director NEW ORLEANS, LA. 70124  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: WARREN DAVIE  
☐ Vice Chairman Address: 3 VETERANS BLVD.  
☒ Director KENNER, LA. 70062  
☐ 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.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EDWIN A. GEOGHEGAN, JR., PRESIDENT/DIRECTOR  
(Typed or printed name and capacity of person signing application)



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the Articles of Incorporation of

**MISSION PROPERTIES FOUNDATION**

Domiciled at NEW ORLEANS, LOUISIANA,

Was filed in this Office and a Certificate of Incorporation was issued on December 29, 1993.

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 15, 2021

*Secretary of State*

Web 34453099N



Certificate ID: 11470133#Q8E52

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
**[www.sos.la.gov](http://www.sos.la.gov)**