

F21000007042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

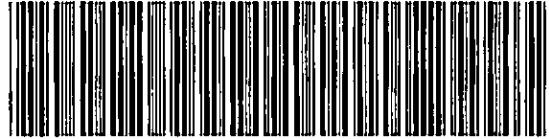
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500377026495

12/03/21--01016--016 **78.75

FILED
2021 DEC -3 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FL

S. ROBERTS

DEC 03 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heroes In Action, 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:

Ray Amanat

Name of Person

Heroes In Action, Inc.

Firm/Company

9717 Gableview Drive, Apt 301

Address

Port Richey, FL 34668

City/State and Zip Code

ray@heroesinactionnow.org

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

For further information concerning this matter, please call:

Ray Amanat

314

570-0243

at (_____) _____

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. Heroes In Action, 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.)

Heroes In Action Now

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

2. Missouri 3. 26-1434344
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/07/2007 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Not applicable
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 9717 Gableview Drive, Apt 301, Port Richey, FL 34668
(Principal office street address)

Same as principal street address
(Current mailing address, if different)

8. The organization will provide education on violence prevention to schools, churches, and other youth organizations.
(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: Ray Amanat

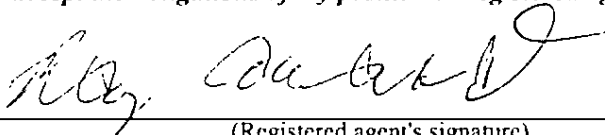
Office Address: 9717 Gableview Drive, Apt 301

Port Richey, Florida 34668
(City) (Zip Code)

FILED
2021 DEC 3 PM 12:49
STATE OF FLORIDA
TALLAHASSEE, FL

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.

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: Ray Amanat
☐ Vice Chairman Address: 9717 Gableview Drive, Apt 301
☐ Director Port Richey, FL 34668
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Debbie Scofield
☐ Vice Chairman Address: 2075 Tavel Ct. Apt D
☐ Director Maryland Heights, MO 63146
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr. Jary Klein
☐ Vice Chairman Address: 12949 Kings Row Lane
☐ Director St. Louis, MO 63146
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

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

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ 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. Ray Amanat, President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ray Amanat, President
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

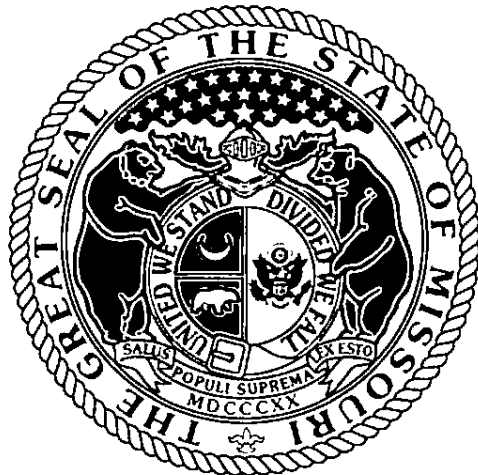
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Heroes In Action, Inc.
N00840807

was created under the laws of this State on the 7th day of September, 2007, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 23rd day of November, 2021.


Secretary of State



Certification Number: CERT-11232021-0118

*
SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2020

N00840807
Heroes In Action, Inc.
NATIONAL REGISTERED AGENTS, INC.
10529 FARVIEW AVE.
SAINT ANN MO 63074

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

1 9717 Gableview Dr., Apt. 301 (Required)
STREET
Port Richey, FL 34668
CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

Is new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

Is the new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT Raymond Amanat (Required)

STREET 9717 Gableview Dr., Apt. 301

CITY/STATE/ZIP Port Richey, FL 34668

V-PRES Debbie Scofield

STREET 2075 Tavel Ct., Apt. D

CITY/STATE/ZIP St. Louis, MO 63146

SECRETARY Brian Theby (Required)

STREET 3018 Paddlenwheel Ct.

CITY/STATE/ZIP St. Charles, MO 63303

TREASURER

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME Keith Tomazi (Required)

STREET 1400 Harker Dr

CITY/STATE/ZIP Florissant, MO 63031

NAME Jary Klein

STREET 12949 Kings Row Ln.

CITY/STATE/ZIP St. Louis, MO 63146

NAME Sabrina Krestner

STREET 1432 Colonial Dr.

CITY/STATE/ZIP Cottleville, MO 63304

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Please print name and title of signer:

NAME

TITLE

(Required)

REGISTRATION REPORT FEE IS:

\$15.00 If filed on or before 8/31/2020

\$20.00 If filed after 8/31/2020

Corporation will be administratively dissolved if report is not filed by 11/30/2020

ORI-10202021-2454 State of Missouri

No of Pages 1 Page



Annual Report - Non-Profit

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

(OPTIONAL): ray@heroesinactionmo.org