

F22 0000000 83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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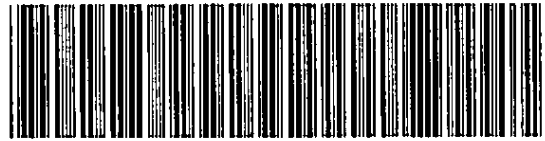
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** National Association for State Community Services Programs  
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:

Mary Cousins

Name of Person

NASCSP

Firm/Company

111 K ST NE

Ste 3000

Address

Washington, DC 20002

City/State and Zip Code

mcousins@nascsp.org

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

For further information concerning this matter, please call:

Mary Cousins

Name of Person

at ( 202 ) 370-3657

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. **The National Association for State Community Services Programs, 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.)

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

2. **South Carolina**

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

3. **57-0715943**

(FEI number, if applicable)

4. **10/31/1978**

(Date of Incorporation)

5. \_\_\_\_\_

(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. **12/01/2021**

(Principal office street address)

**111 K Street NE Suite 300 Washington DC 20002**

(Current mailing address, if different)

8. Nonprofit membership association for state directors implementing CSBG and Weatherization Assistance Program funding.  
(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: **Registered Agents Inc.**

Office Address: **7901 4th St N STE 300**

**St. Petersburg**

(City)

Florida **33702**

(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.*



(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: Beverly Buchanan  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 111 K ST NE  
☒ President Ste 300  
☐ Vice President Washington, DC 20002  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Matt Fitzgerald  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 111 K ST NE  
☐ President Ste 300  
☒ Vice President Washington, DC 20002  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Melanie Sanford  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 111 K ST NE  
☐ President Ste 300  
☐ Vice President Washington, DC 20002  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Robert Garber  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 111 K ST NE  
☐ President Ste 300  
☐ Vice President Washington, DC 20002  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Stuart Campbell  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 111 K ST NE  
☐ President Ste 300  
☐ Vice President Washington, DC 20002  
☐ Secretary ☐ Treasurer  
☒ Other: CSBG Program Chair ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jeffery Heino  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 111 K ST NE  
☐ President Ste 300  
☐ Vice President Washington, DC 20002  
☐ Secretary ☐ Treasurer  
☒ Other: WAP Program Chair ☐ 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. Jenae C. Bjelland  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. Jenae C. Bjelland, Executive Director  
(Typed or printed name and capacity of person signing application)



N A S C S P

NATIONAL ASSOCIATION FOR STATE COMMUNITY SERVICES PROGRAMS

Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida

## 12. Continuation of Officers

Willie Fobbs  
Immediate Past President  
111 K ST NE  
Ste 300  
Washington, DC 20002

Jenae C. Bjelland  
Executive Director  
111 K ST NE  
Ste 300  
Washington, DC 20002

### LEADERSHIP

Jenae Bjelland, Executive Director  
Beverly Buchanan, President, AR

### LEADERSHIP

Melanie Sanford, Secretary, MI  
Robert Garber, Treasurer, MO

### CONTACT

111 K ST NE, Suite 300  
Washington, D.C. 20002

# *The State of South Carolina*



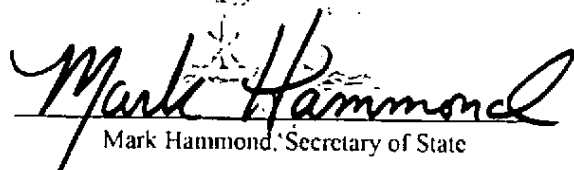
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

THE NATIONAL ASSOCIATION FOR STATE COMMUNITY SERVICES PROGRAMS, a nonprofit corporation duly organized under the laws of the State of South Carolina on October 31st, 1978, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 19th day  
of November, 2021.

  
Mark Hammond, Secretary of State