

F22000001042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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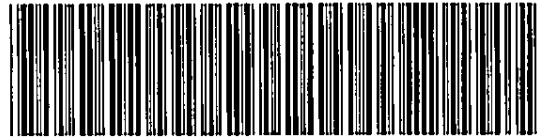
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTL ASSN OF EATING DISORDER PROF JACKSONVILLE CHAPTER 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:

Kristin Van Matre

Name of Person

International Association of Eating Disorders Professionals Foundation, Inc.

Firm/Company

7715 W. 99th Terrace

Address

Overland Park, KS 66212

City/State and Zip Code

kristin.iaedp@gmail.com

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

For further information concerning this matter, please call:

Kristin Van Matre

at (913) 645-5811

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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee.

**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. INTL ASSN OF EATING DISORDER PROF JACKSONVILLE CHAPTER, 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.)

International Association of Eating Disorders Professionals Foundation Inc., Jacksonville Chapter

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

2. Illinois 3. 87-4082108
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/06/22 5. _____
(Date of Incorporation) (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. 101 Marketside Ave Ste 404 PMB 387 Ponte Vedra FL 32081
(Principal office street address)

(Current mailing address, if different)

8. Education
(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: Jessie Huebner

Office Address: 101 Marketside Ave Ste 404 PMB 387

Ponte Vedra, Florida 32081
(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.



(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: Sarah Lee
☐Vice Chairman Address: P.O. Box 1295
☒Director Pekin, IL 61555-1295
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Jessie Huebner
☐Vice Chairman Address: 101 Marketside Ave
☐Director Ste 404 PMB 387
☒President Ponte Vedra FL 32081
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Molly Dyer
☐Vice Chairman Address: 6000A Sawgrass Village Circle
☐Director Ponte Vedra Beach FL 32082
☐President _____
☒Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Allison Kucharski
☐Vice Chairman Address: 95268 Shell Midden Ln
☐Director Fernandina Beach
☐President 32034
☐Vice President _____
☒Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Marissa Byles
☐Vice Chairman Address: 11761 Lanier Creek Drive
☐Director Jacksonville FL 32223
☐President _____
☐Vice President _____
☐Secretary ☒Treasurer
☐Other: _____ ☐Other: _____

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

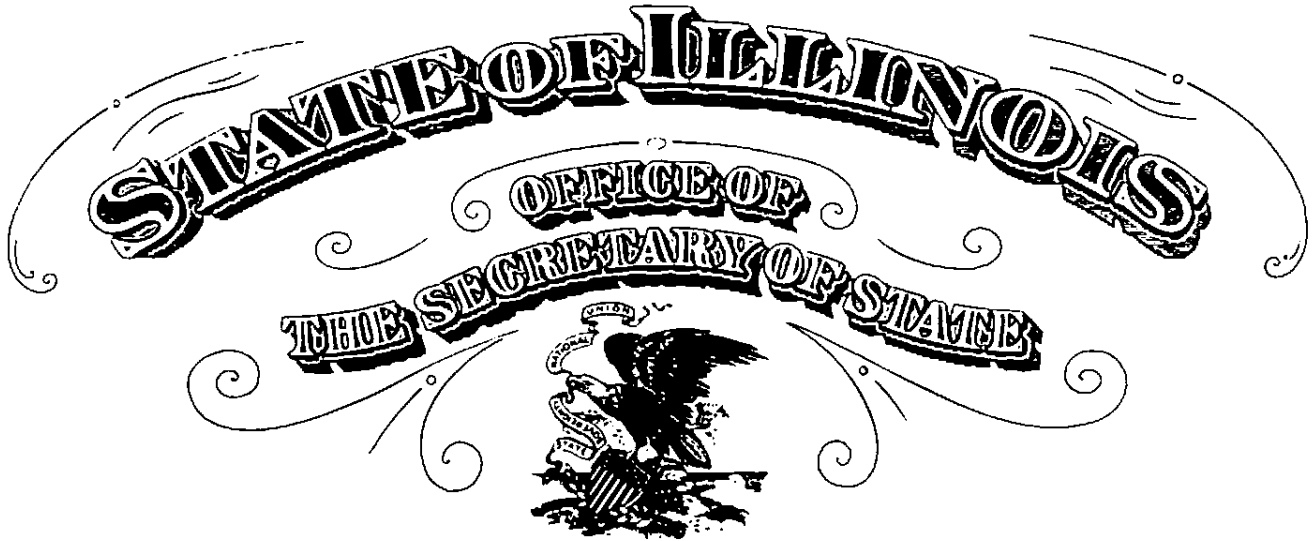
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Sarah Lee Director of Chapters and Membership
(Typed or printed name and capacity of person signing application)

File Number

7358-399-3



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

INTL ASSN OF EATING DISORDER PROF JACKSONVILLE CHAPTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 06, 2022, 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 31ST
day of JANUARY A.D. 2022 .***

Jesse White

SECRETARY OF STATE