

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
EVERETT CASH MUTUAL INSURANCE CO.

Certificate of Status	0
Certified Copy	1
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S. FRANKLIN

MAR 07 2022

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. EVERETT CASH MUTUAL INSURANCE CO.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Pennsylvania

3.

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

(FEI number, if applicable)

4. 05/08/1913

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10591 Lincoln Hwy, Everett, PA - 15537-7047

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

FL

33324

(City)

(Zip code)

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FILED

9. 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.

C T Corporation System

By: 

Eric Jensen, Assistant Secretary

(Registered agent's signature)

10. 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.

11. 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: Kenneth Charles Stover
☐ Vice Chairman Address: 817 New St.
☐ Director Roaring Spring, Pa. 16673
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Arthur Thomas Dougherty
☒ Vice Chairman Address: 2926 Seabrook Island
☐ Director South Carolina 29455
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Norman Barnhart
☐ Vice Chairman Address: 500 T Box Road
☒ Director Duncansville, Pa. 16635
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

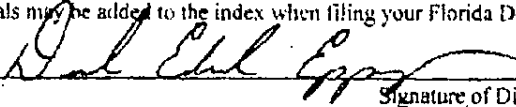
☐ Chairman Name: Lamar David Law III
☐ Vice Chairman Address: 3579 Glen Abbey Drive
☒ Director Chambersburg, Pa. 17202
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jerry Lee Stanner
☐ Vice Chairman Address: Box 384
☒ Director Howe, Indiana 46746
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael Jon Degenhart
☐ Vice Chairman Address: 110 Treefops Drive
☒ Director State College, Pa. 16801
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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.

12.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David Edward Eppinger, Secretary/COO

(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Jeffrey Scott Whetstone
☐ Vice Chairman Address: 122 W. Main Street
☒ Director Everett, Pa. 15537
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bette Brown Slayton
☐ Vice Chairman Address: 2272 Dibert Rd.
☒ Director Bedford, Pa. 15522
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Larry Robert Webber
☐ Vice Chairman Address: 4420 Shagbark Lane
☒ Director Earlsville, VA 22936
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Patrick John Shurbaugh
☐ Vice Chairman Address: 1104 Carroll Road
☒ Director Patton, Pa. 16668
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Scott Howard Spencer
☐ Vice Chairman Address: 703 Ridgeview Rd.
☒ Director Elizabethtown, Pa. 17022
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Randy Franklin Shaw
☐ Vice Chairman Address: 2256 Rockhill Church Rd.
☒ Director Everett, Pa. 15537
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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A. DIRECTORS

☐ Chairman Name: David Edward Eppinger
☐ Vice Chairman Address: 10591 Lincoln Hwy
☐ Director Everett PA 15537
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other COO ☐ 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 _____

☐ 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 _____

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
03/02/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING.

I DO HEREBY CERTIFY THAT,

EVERETT CASH MUTUAL INSURANCE CO.

is duly registered as a Pennsylvania PA Miscellaneous Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220302100599-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>