

F2200004892

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1122000262058 3)))



H220002620583ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

The Foundation for City College Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. FRANKLIN
AUG - 4 2022

((H22000262058 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Foundation for City College 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:

Karen Gibson

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500s

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Karen Gibson for InCorp Services, Inc.

Name of Person

at (800) 246-2677

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

((H22000262058 3)))

2022 JUN -3 PM 3:38

((H22000262058 3)))

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 Foundation for City College 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.)

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

2. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/03/2019 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 160 CONVENT AVE #154, New York, NY 10031-9101
(Principal office street address)

(Current mailing address, if different)

8. THE FOUNDATION SUPPORTS THE STUDENTS AND EDUCATIONAL PROGRAMS OF THE CITY COLLEGE
(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Karen Gibson on behalf of InCorp Services, Inc.
(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.

((H22000262058 3)))

2022 JUL -3 PM 3:38

((H22000262058 3)))

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: DEE DEE MOZELESKI
☐ Vice Chairman Address: 160 Convent Ave, SH 154
☒ Director New York, NY 10031
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Vivien R Clark
☐ Vice Chairman Address: 160 Convent Ave, SH 154
☐ Director New York, NY 10031
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Lucas Koehler
☐ Vice Chairman Address: 160 Convent Ave
☒ Director Shepard Hall RM 166
☐ President New York, NY 10031
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other: CFO ☐ Other: _____

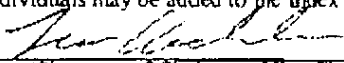
☐ Chairman Name: Martin Cohen
☐ Vice Chairman Address: 160 Convent Ave, SH 154
☒ Director New York, NY 10031
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Vincent Boudreau
☐ Vice Chairman Address: 160 Convent Ave, SH 154
☐ Director New York, NY 10031
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

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

2022 AUG - 3 PM 3:38

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. Lucas Koehler, CFO
 (Typed or printed name and capacity of person signing application)

((H22000262058 3)))

(((H22000262058 3)))

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE FOUNDATION FOR CITY COLLEGE
DOS ID Number: 5664938
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/03/2019

No information is available from this office regarding the financial condition, business activity or practices of this entity.

2022 AUG -3 PM 3:38

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on July 13, 2022 at 09:21 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



A handwritten signature in cursive script that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State

(((H22000262058 3)))