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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

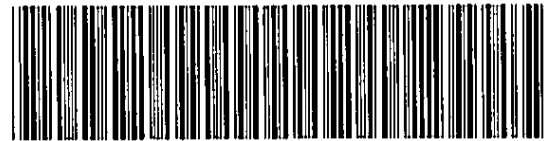
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 17 PM 11:41

S. ROBERTS

OCT 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faith Broadcasting Network, 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:

Shane Chaney

Name of Person

Faith Broadcasting Network, Inc.

Firm/Company

PO Box 1010

Address

Marion, IL 62959

City/State and Zip Code

sac@tct.tv

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

For further information concerning this matter, please call:

Shane Chaney

Name of Person

at (618)
Area Code

997-4700

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. Faith Broadcasting Network, 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. 06-1531224
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 9, 1998 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. June 1, 2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 11717 Rt 37, Marion, IL 62959
(Principal office street address)
- PO Box 1010, Marion, IL 62959
(Current mailing address, if different)
8. Christian television broadcasting
(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 Agent Solutions, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(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.
-  Adam Saldana, Assistant Secretary
(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.

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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: Garth W Coonce
☐ Vice Chairman Address: 201 Bluff View Drive
☐ Director Bellaire Bluff, FL 33770
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christina Coonce
☐ Vice Chairman Address: 201 Bluff View Drive
☐ Director Bellaire Bluff, FL 33770
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

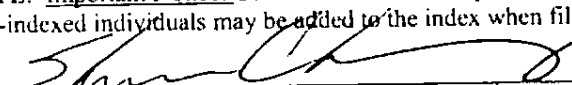
☐ Chairman Name: Michael Daly
☐ Vice Chairman Address: 138 Russell Road
☐ Director Carbondale, IL 62901
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Shane Chaney
☐ Vice Chairman Address: 403 Legacy Drive
☐ Director Herrin, IL 62948
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Assistant Treasur ☐ Other: _____

☐ Chairman Name: Julie Nolan
☐ Vice Chairman Address: 1924 Grandioso Drive
☒ Director Marion, IL 62959
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Victoria Clark
☐ Vice Chairman Address: 5606 E 117th Street
☒ Director Tulsa, OK 74137
☐ 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. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Shane Chaney, Assistant Treasurer
(Typed or printed name and capacity of person signing application)

Director
Thomas C Nolan, III
249 Ravenshollow Drive
Cuyahoga Falls, OH 44223

Director
Rev. Lonnie Brown
2430 Dutcher Road
Flint, MI 48532

Treasurer/Director
Charles R Payne
PO Box 17722
Covington, KY 41017

STATE OF NEW YORK

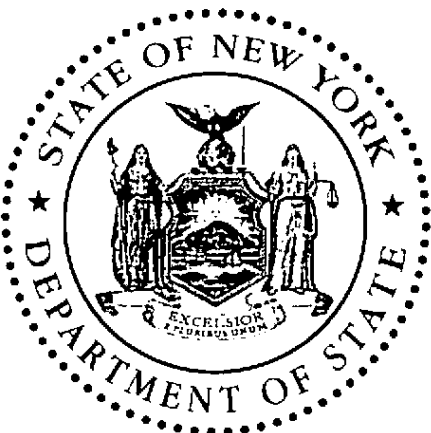
DEPARTMENT OF STATE

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: FAITH BROADCASTING NETWORK, INC.
DOS ID Number: 2305651
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/09/1998

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



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on September 28, 2022 at 09:28 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State