F2200006895

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filler Officer
Special Instructions to Filing Officer:





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COVER LETTER

TO:	_	stration Section sion of Corporations							
CHD I	ECT:	Graduate	Theological Found	lation, Inc	∶ .				
3000	r.C i :_		Name of	Corpora	tion – must in	clude suffix			
Dear S	Sir or Ma	adam:							
Affair	s in Flor	ida", "Cei		ice", or "	Certificate of	f Status" and ch	ntion to Conduct its eck are submitted to Florida.		
Please	return a	ll corresp	ondence concerni	ng this n	natter to the fo	ollowing:			
		Pau	l Kirbas						
				Name	of Person				
		Gra	duate Theological F	oundatio	n				
				Firm/	'Company				
				<u>. </u>					
		751	S. Orange Ave.						
				A	ddress				
		Sa	rasota, Fl 34236						
			C	ity/State	and Zip Code	x			
		pkir	bas@gtfeducation.o	огд					
		E-m	ail address: (to be	used for	r futu r e annua	l report notifica	ation)		
For fu	rther inf	ormation	concerning this m	atter, ple	ease call:				
	Paul Ki	rbas			405	653-9410			
-		Name o	f Person	at	Area Code	Daytime Tel	ephone Number		
	Regist Division P.O. B	ING AD ration Secon of Cor fox 6327 assee, FL	ction porations			Registration S Division of Co Clifton Buildi	orporations ng /e Center Circle		
Enclos	sed is a c	heck for	the following amo	ount:					
□ \$70	0.00 Fili	ng Fee	■\$78.75 Filing Certificate o			Filing Fee & ed Copy	 \$87.50 Filing Fee. Certificate of Status Certified Copy 		



October 19, 2022

PAUL KIRBAS 751 S ORANGE AVE SARASOTA, FL 34236

SUBJECT: GRADUATE THEOLOGICAL FOUNDATION, INC.

Ref. Number: W22000131222

We have received your document for GRADUATE THEOLOGICAL FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Paul K Kirbas sign the past page of the document.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 522A00023244

RECEIVED

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:

(it name unavai	lable in Florida, enter alternate c	orporate name ac	dopted for the purpose of	f transacting bu	siness in F	lorida)	-
State of Inc	diana		35-1622256				
(State or count	ry under the law of which it is it	3	7FF numb	ar if applicable	.,		_
December 1	3, 1989 ate of Incorporation)	5	(Date of durati	on if other that	nemetual		_
Cohmanu	•		(Butto of during	on, ii omer mu	. perpetuu.	,	
February (Date first condu-	ted affairs in Florida if prior to re	raistration Saa sa	etions 617 1501 & 617 1	502 E.S. to dat	rmina nan	des lind	hilin:
		gistration, see sei	CHONS 017.1301 (C 017.1	202, F.S. 10 tan	анине ренс	aiy nai	эшцу.
751 S. Orar	nge Ave., Sarasota, FL 34236						_
		(Principal offi	ice address)	;	<u>a.</u>	E>3	
Same as above	e				•	2022	
	(Ci	irrent mailing ad-	dress, if different)		··	¥0.	_
						~ <	<u>:</u> -
Conduct relig	tious, educational and charitable	activities			2.	2	
(Purpose(s) of co	orporation authorized in home st	ate or country to	be carried out in the sta	te of Florida)	- 	<u> </u>	-c-
Name and stan	an addinasa a C.C. addinasa dan sasa	. d /D /O	Day NOT and a lite		E CAR	بب	
Name and stre	<u>et address</u> of Florida registere	ed agent: (P.O.	Box MOI acceptable)	32	വ	
	Paul Kirhas				**	_	
Name: _	Paul Kirbas				-		
ffice Address:	751 S. Orange Ave.				_		
	Sarasota	,	. Florida <u>34236</u>		_		
_	(City)			(Zip Code)	_		

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. Names and addresses of officers and/or directors

e for a second

A. DIRECTORS Dr. Paul Kirbas Chairman: 5179 Little Brook Court Address: Sarasota, FL 34238 Vice Chairman: Kendra Clayton Director: 1826 Wilson Ave. Address: South Bend, IN 46617 Dr. Dennis Reid Director: 6263 93rd Terrace North #4201 Address: Pinellas Park, Florida 33782 **B. OFFICERS** President: _____ 5179 Little Brook Court Address: Sarasota, FL 34238 Vice President: Address:____ Luann Falkowski Secretary: 10555 Upas Road, Plymouth, IN 46563 Address:_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Paul & Kirbas, President and CEO

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

Board of Directors:

Glenn Dunn 6617 N.W. 127th Street Oklahoma City, OK 73142

Dennis Reid 6263 93rd Terrace North, #4201 Pinellas Park, FL 33782

Carlos Ham Seminario Evangélico de Teología Matanzas. Cuba

Jennifer Kirbas 5179 Little Brook court Sarasota, FL 3423

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GRADUATE THEOLOGICAL FOUNDATION INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 13, 1984, and was in existence or authorized to transact business in the State of Indiana on September 14, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 14, 2022

Pli Sullina

HOLLI SULLIVAN
SECRETARY OF STATE

198412-463 / 20222772187

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on October 14, 2022.