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Division of Corporations

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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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Phone : (954)208-0845
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FOREIGN PROFIT/NONPROFIT CORPORATION

Care Initiatives - Not For Profit Corporation

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

S. ROBERTS

NOV 30 2022

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. Care Initiatives - Not For Profit Corporation

(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. Texas

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

3. _____

(FPI number, if applicable)

4. 5/18/1988

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. 11/28/2022

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

7. 1611 WEST LAKES PARKWAY WEST DES MOINES, IA 50266

(Principal office street address)

1611 West Lakes Parkway, West Des Moines Iowa 50266

(Current mailing address, if different)

8. To operate in a charitable manner to satisfy the sick and elderly's needs for housing, health care and financial security by pr
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By _____

Kimberly Bowens 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: Stephanie Edwards
☐ Vice Chairman Address: 1611 West Lakes Pkwy
☐ Director West Des Moines, Iowa 50266
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Steven Ackerson
☐ Vice Chairman Address: 1611 West Lakes Pkwy
☐ Director West Des Moines, Iowa 50266
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ronald Harmon
☐ Vice Chairman Address: 1611 West Lakes Pkwy
☒ Director West Des Moines, Iowa 50266
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert Conlon
☐ Vice Chairman Address: 1611 West Lakes Pkwy
☒ Director West Des Moines, Iowa 50266
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Denise Sturm
☐ Vice Chairman Address: 1611 West Lakes Pkwy
☒ Director West Des Moines, Iowa 50266
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dave Dixon
☐ Vice Chairman Address: 1611 West Lakes Pkwy
☐ Director West Des Moines, Iowa 50266
☐ 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. X [Signature]
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dave Dixon, SVP/CFO, Treasurer
 (Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

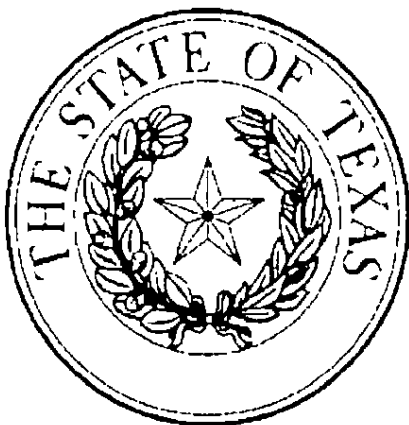
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for CARE INITIATIVES (file number 107761101), a Domestic Nonprofit Corporation, was filed in this office on May 19, 1988.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 29, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State