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Certified Copies	Certificates	s of Status			
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Special Instructions to	Filing Officer:				

Office Use Only



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### **COVER LETTER**

10:	Division of Corporations						
et (b.)	CCT: YOUTH EVANGELICAL FELLOWSHIP CORP.						
SUBJ	Name of Corporation – must include suffix						
Dear S	or Madam:						
Affair	losed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	eturn all correspondence concerning this matter to the following:						
	YEN-YI ANDERSON						
	Name of Person						
	ANDERSON AND ASSOCIATES LAW P.C.						
	Firm/Company						
	61 BROADWAY SUITE 2809						
	Address						
	NEW YORK, NY 10006						
	City/State and Zip Code						
	Y.ANDERSON@AALAWPC.COM						
	E-mail address: (to be used for future annual report notification)						
For fu	her information concerning this matter, please call:						
YEN-	TANDERSON 646 452-9982 at ( )						
	Name of Person Area Code Daytime Telephone Number						
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Please	d is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE  00 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:

	ilable in Florida, enter alternate corporate r	name adopted for the purpose of transacting business	in Florida)
NY		٦	
(State or com	ntry under the law of which it is incorporate	3. (FEI number, if applicable)	
2/31/2009	•	5	
1)	Date of Incorporation)	5(Date of duration, if other than perpet	tual)
ANUARY I			
ate first cond	ucted affairs in Florida if prior to registration.	See sections 617.1501 & 617.1502, F.S. to determine p	enalty liability
19 S PARK /	AVENUE, SANFORD, FL 32771		
		office street address)	
			20
	(Current mai)	ing address, if different)	<del></del>
	<b>\</b>	:	202 HAR 14 1110:
HARITABL	E PURPOSES		
urpose(s) of	corporation authorized in home state or cou	ntry to be carried out in the state of Florida)	<u></u>
	eet address of Florida registered agent: (	` <u> </u>	<u>:</u>
	DANUELLE WHITE	, Florida 32771 (Zip Code)	<u>∵</u>
Name:	DANIELLE WHITE		
ce Address:	519 S PARK AVENUE		
	SANFORD	, Florida <sup>32771</sup>	
	(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR							
□Chairman	Name: Danielle White	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Sanford, FL 32771	□Director					
□President		□President					
□Vice President		□Vice President					
<b>■</b> Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other:	☐ Other:	□Other:					
□Chairman	Name:	, DChairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	☐Secretary	□Treasurer				
□Other:	☐ Other:	□Other:	Other:				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		- Director					
□President		□President					
□Vice President		□Vice President	<u> </u>				
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other:	☐ Other:	□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.							
14. Danielle White, General Secretary  (Typed or printed name and capacity of person signing application)							

#### 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:

YOUTH EVANGELICAL FELLOWSHIP

DOS ID Number:

3894009

**Entity Type:** 

DOMESTIC NOT-FOR-PROFIT CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

12/31/2009

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 March 03, 2023 at 02:21 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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