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COVER LETTER

TO:	Registration Section Division of Corporations
SURJ	ECT: Reformed Baptist Network
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Corporation - must include suffix
Dear S	ir or Madam:
Affairs	closed "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	return all correspondence concerning this matter to the following:
	Martin Hoffman
	Name of Person
	Reformed Baptist Network
	Firm/Company
	4814 W Woodlawn st
	Address 206
	Address
	Dispusible EL 24122
	Dunnellon, FL 34422
	City/State and Zip Code
	martyh@pbcfl.org
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Martin	Hoffman 352 746 4595
-	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 r	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE 00 Filing Fee \$\Bigsis \$578.75\$ Filing Fee & \$\Bigsis \$78.75\$ Filing Fee & \$\Bigsis \$60.0000 Certificate of Status & \$\Bigsi \$60.0000 Certificate of Status

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:

	ptist Network Articles of Inco					
(Name of corpo import in langu in the name at p	oration: must include the word age as will clearly indicate that present. "Company" or "Co." i	I "INCORPORATED" of at it is a corporation ins may not be used as a co	or "CORPORATION" or wor tead of a natural person or pa rporate suffix by a nonprofit	ds or abbrevia rtnership if no corporation.)	tions of t so con	like tained
	ist Network Non-Profit Corpo			,		
	ailable in Florida, enter altern		pted for the purpose of transa	cting business	in Flor	ida)
Colorado		2 81-3	338779			
(State or cou	ntry under the law of which it	is incorporated)	(FEI number, if ap	plicable)		
7/25/2016		5 N/A	•	, ,		
(1	Date of Incorporation)	J	(Date of duration, if ot	her than perpe	tual)	
X11 (
Date first cond	ucted affairs in Florida if prior	to registration. See section	ons 617.1501 & 617.1502, F.S	, to determine j	penalty i	liability.)
	t CT NEGrand Rapids, MI 49	505		•	202	
	<u> </u>	(Principal office str	eet address)	',	್ಷಾ.	t f
		· · · · · · · · ·			i PR	e ii
					 l	3
		(Current mailing addre	ess, if different)	., 2	·	, 6 8
				. <u></u>	ii.	Taken S
An association	of churches supporting world corporation authorized in hom	lwide missions proclain	ning the Gospel of Jesus Chri	st	$\ddot{5}$	12.0
Purpose(s) of c	corporation authorized in hom	e state or country to be	carried out in the state of Flo	rida)	90	
Name and <u>stre</u>	eet address of Florida regis	tered agent; (P.O. Bo	x <u>NOT</u> acceptable)			
Name:	Martin Hoffman					
	4814 W Woodlawn st	1				
. red . redress.						
	(City)	, }•	lorida 34433 (Zip Code)			
	,, <i>,</i>		(Zip code)			
Registered	agent's acceptance:					
ving been na signated in th	med as registered agent ar	id to accept service o	f process for the above sta	ited corporat	ion at t	he place
mer ugree w	is application, I hereby accomply with the provision	V AT AH CIATHIOC POLAN	(1) <i>D TO THO HEADOR O</i> ING AAME	gree to act in dete perform	t this co	apacity. 1 mv dat
l I am familia	ar with and accept the obli	gations of my positio	n as registered agent.	nete perjorin	W11CC 17	, m, ma
		2 11				
	Marti	Hugistered agent				
	·	Hegistered 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.

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: Martin Hoffman	□Chairman	Name:		
□Vice Chairman	Address: 4814 W Woodlawn st	□Vice Chairman	Address: 2626 E. Jefferson St		
■Director	Dunnellon, FL 34433	Director	Warsaw, IN 46506		
□President		□President			
□Vice President		□ Vice President			
□Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other:	☐ Other:	□Other:	Other:		
□Chairman	Timothy Feathers	□Chairman	Name:		
□ Vice Chairman	Address: 535 S. Evarts St	□Vice Chairman	Address:		
■ Director	Powell, WY 82435	□Director			
□President	-	□President	2023		
□Vice President		□Vice President	70 11		
Secretary	□Treasurer	☐ Secretary	☐ Treasurer ☐		
□Other:	☐ Other:	Other:	Othen		
	Mait Foreman		06		
□ Chairman	Name:		Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
■ Director	Media PA 19063	□Director			
□President		□President			
□Vice President		□ Vice President			
□ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other:	☐ Other:	□Other:	□Other:		
Non-indexed indiv	t Notice: Use an attachment to report more the viduals may be added to the index when filing Mak Halfor (Signature of Chairman, Vice Chairman, or man, Director (Typed or printed name and capacit	g your Florida Department o	of State Annual Report form. 12 of the application)		

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Reformed Baptist Network Articles of Incorporation

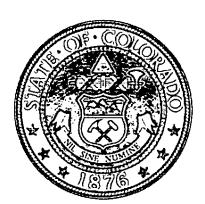
18.3

Nonprofit Corporation

formed or registered on 07/25/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161498618.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/03/2023 that have been posted, and by documents delivered to this office electronically through 04/04/2023 \vec{a} , 20:17:16

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver. Colorado on 04/04/2023 a 20:17:16 in accordance with applicable law. This certificate is assigned Confirmation Number 14848323



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate of Certificate page of the Secretary of State's website, i.e., which is a second or the Secretary of State's website, i.e., which is a second continuous number displayed on the certificate, and tollowing the instructions displayed. Continuing the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit one website, which is a second of the certificate is not necessary to the valid and effective issuance of a certificate. For more information, visit one website, where we have a second of the certificate is not necessary to the valid and effective issuance of a certificate.