

Fax 1000003240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

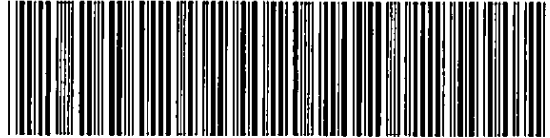
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 JUN -7 PM 12:56  
SEC. OF STATE

T. LEMIEUX  
JUN 17 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WOMEN'S CARE CENTER FOUNDATION, 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:

AMANDA PARMER

Name of Person

GOLAN CHRISTIE TAGLIA LLP

Firm/Company

70 W. MADISON STREET

STE 1500

Address

CHICAGO, ILLINOIS 60602

City/State and Zip Code

APARMER@GCT.LAW

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

For further information concerning this matter, please call:

AMANDA PARMER

Name of Person

at ( 312 )

Area Code

696-1354

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 &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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. WOMEN'S CARE CENTER FOUNDATION, 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. INDIANA

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

3. 38-3651599

(FEI number, if applicable)

4. 01/31/2002

(Date of Incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. DATE OF FILING

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

7. 220 W. 4TH STREET, MISILAWAKA, INDIANA 46544

(Principal office street address)

(Current mailing address, if different)

8. TO PERFORM FUNDRAISING FOR THE BENEFIT OF NONPROFIT CRISIS PREGNANCY CENTERS AND TO  
ENGAGE IN ANY OTHER ACTIVITIES ALLOWED UNDER FLORIDA LAW GOVERNING NONPROFIT CORPORATIONS.  
(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: COGENCY GLOBAL INC.

Office Address: 115 N. CALHOUN STREET, STE 4

TALLAHASSEE

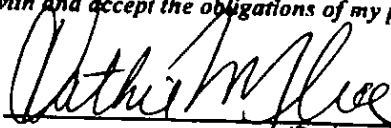
(City)

Florida 32301

(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.*



Kathie M Fleck Asst 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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DEPT. OF STATE

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: SEE ATTACHED  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

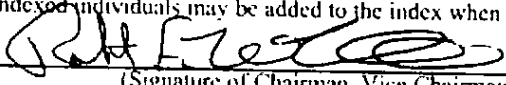
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ 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. **ROBERT F. WILLIAMS, PRESIDENT**  
(Typed or printed name and capacity of person signing application)

**Name and Addresses of Officers and Directors**

**Women's Care Center Foundation, Inc.**

<b>Name</b>	<b>Office/Designation</b>	<b>Address</b>
Robert F. Williams	President	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Lou Miller	Secretary	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Robert F. Williams	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Lou Miller	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Michael Leep	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Donald Cressy	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
John Hoffmann	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Skip Stelecki	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Mary Louise Miller	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
April Sasso	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Daniel Fitzpatrick	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
David Echrich	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Dan Young	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Ryan Funke	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
John Runger	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
John Tippmann Sr.	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Kurt Kellogg	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544
Burton Odelson	Director	220 W. 4 <sup>th</sup> Street, Mishawaka, Indiana 46544

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

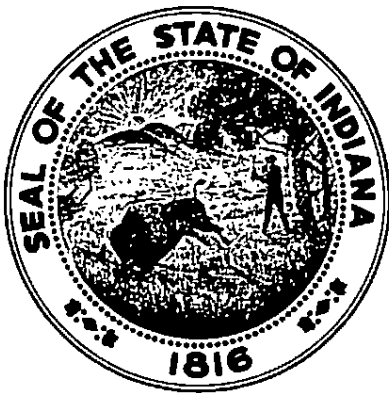
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**WOMEN'S CARE CENTER FOUNDATION, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 31, 2002, and was in existence or authorized to transact business in the State of Indiana on May 31, 2024.

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, May 31, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

2002020500316 / 20243795404

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

Expires on June 30, 2024.