

F240000004045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

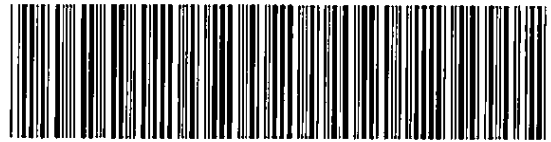
Special Instructions to Filing Officer:

RECEIVED

JUN 18 2024

W24000093510

Office Use Only



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2024 JUL 31 PM 4:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2024

JOHNNY TURNER
2356 ALCLOBE CIR.
OCOEE, FL 34761 US

SUBJECT: JOHNNY TURNER
Ref. Number: W24000093510

We have received your document for JOHNNY TURNER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Andrea Andrews
Regulatory Specialist II

RECEIVED

Letter Number: 424A00013466

JUL 31 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Baobab Council, 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:

Johnny Turner

Name of Person

The Baobab Council, Inc.

Firm/Company

2356 Alelobe Cir.

Address

Ocoee, FL 34761

City/State and Zip Code

pastorturner92@gmail.com

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

For further information concerning this matter, please call:

Johnny Turner

Name of Person

at (347) 988-5488
Area Code 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 & ☐ \$78.75 Filing Fee & ☒ \$87.50 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:

1. THE BAOBAB COUNCIL, 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. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/21 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. July 29, 2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2356 Alcolhe Cir, Ocoee, FL 34761
(Principal office street address)

(Current mailing address, if different)

8. This is a ministry to discuss theological, ethical, Biblical subjects. Also to discuss issues affecting the community.
(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: Johnny Turner

Office Address: 2356 Alcolhe Cir.
Ocoee, Florida 34761
(City) (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.

Johnny Turner
(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: Johnny Turner
☐ Vice Chairman Address: 2356 Alcolobe Cir, Ocoee, FL 3476
☐ Director _____
☒ President Johnny Turner
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Richard Douglass
☒ Vice Chairman Address: 606 Arnett Blvd., Rochester, NY
☐ Director 14619
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Patricia Rickenbacker
☐ Vice Chairman Address: 10 Sentinel Pl, Massapequa, NY
☐ Director 11758
☐ 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. Johnny Turner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the 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:	THE BAOBAB COUNCIL, INC.
DOS ID Number:	5978534
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/01/2021

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 April 29, 2024 at 11:56 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State