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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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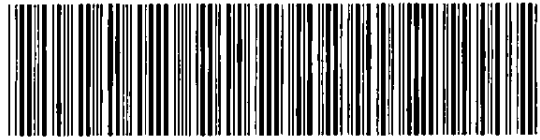
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Ostomy Associations of America, 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:

Christine Ryan

Name of Person

United Ostomy Associations of America, Inc.

Firm/Company

7 Pomerleau Street, Suite 201

Address

Biddeford, ME 04005

City/State and Zip Code

CHRISTINE.RYAN@OSTOMY.ORG

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

For further information concerning this matter, please call:

Christine Ryan

Name of Person

at (207)

Area Code

985-9700

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. United Ostomy Associations of America, 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. New Jersey 3. 0100950599
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 15, 2005 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 7 Pomerleau Street, Suite 201, Biddeford, ME 04005
(Principal office street address)

PO Box 2293, Biddeford, ME 04005
(Current mailing address, if different)

8. Hired part-time employee on 10/01/2024 who resides in the State of Florida.
(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: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(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.

David Roberts

(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: Cheryl M. Ory
☐ Vice Chairman Address: 15 Bear Point Way
☐ Director Long Beach, MS 39560
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: James Murray
☐ Vice Chairman Address: 4370 La Mirage
☐ Director Pensacola, FL 32504
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: President Elect ☐ Other: _____

☐ Chairman Name: Diane Carlson
☐ Vice Chairman Address: PO Box 2911
☐ Director Cypress, TX 77410
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Linda Coulter
☐ Vice Chairman Address: 1673 Compton Road
☒ Director Cleveland Heights, OH 48118
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sharon Darnov
☐ Vice Chairman Address: 1934 Fairburn Avenue
☒ Director Los Angeles, CA 90025
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Laura Kaiser
☐ Vice Chairman Address: 100 Field Crest Parkway
☒ Director Youngsville, LA 70592
☐ 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. Diane Carlson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Diane Carlson, Treasurer
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

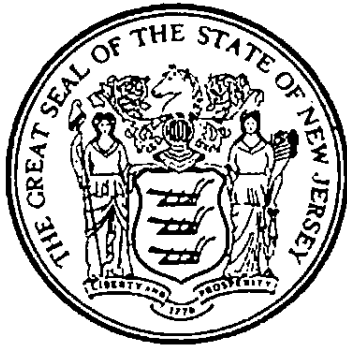
UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.
0100950599

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on August 15, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.
424 BRADFORD AVENUE
WESTMONT, NJ 08108



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of October, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6157748164

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



BOARD OF DIRECTORS
01/01/2024 – 12/31/2024

ORY, CHERYL
President
15 Bear Point Way
Long Beach, MS 39560

MURRAY, JAMES
President Elect
4370 La Mirage
Pensacola, FL 32504

CARLSON, DIANE
Treasurer/Legal Secretary
PO Box 2911
Cypress, TX 77410

**COULTER, LINDA,
BSN, MS, RN, CWOCN**
Director at Large
1673 Compton Rd
Cleveland Heights OH 44118

DARNOV, SHARON
Director at Large
1934 Fairburn Avenue
Los Angeles, CA 90025

**KAISER, LAURA,
APRN, WOCN**
Director at Large
100 Field Crest Pkwy
Youngsville, LA 70592

LOFTSPRING, EDWARD (DR.)
Director at Large
Term: 01/01/23-12/31/25
2966 Erie Avenue
Cincinnati, OH 45208

MILLER, CRISTINE
Director of Young Ostomate Outreach
16711 Springhill Drive
San Antonio, TX 78232

REECE, AMIE-LEIGH
Director of Affiliated
Support Group Affairs
906 Visionary Trail
Golden, CO 80401

WERTS, JANECA
Director at Large
537 W. Sugar Creek Rd.
Suite 202, PMB 1217
Charlotte, NC 28213

WOLFSON, LYNN
Director at Large
1815 Water Ridge Drive
Weston, FL 33326-2391