

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Christian Employers Alliance

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

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OFFICE OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2025 JAN 21 PM 12:15
OFFICE OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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. Christian Employers Alliance 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. North Dakota 3. 81-1433310
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/2016 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., in determine penalty liability.)

7. 7901 4th St N STE 300 St. Petersburg FL 33702
(Principal office street address)

6101 Associated Blvd Suite 101 Everett WA 98203
(Current mailing address, if different)

8. To support Christian Employers in living out their faith in the workplace
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

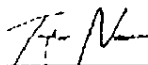
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Northwest Registered Agent LLC

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.



(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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 SECRETARY OF STATE
 TALLAHASSEE, FL

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: MARGARET IUCULANO
☐ Vice Chairman Address: 4801 Gaillardia Pkwy Ste 200
☒ Director Oklahoma City OK 73142
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JAMES MISCHEL
☐ Vice Chairman Address: 4801 Gaillardia Pkwy Ste 200
☒ Director Oklahoma City OK 73142
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: TEAH CORLEY
☐ Vice Chairman Address: 4801 Gaillardia Pkwy Ste 200
☒ Director Oklahoma City OK 73142
☐ 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. JAMES MISCHEL
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JAMES MISCHEL - DIRECTOR
 (Typed or printed name and capacity of person signing application)

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of CHRISTIAN EMPLOYERS ALLIANCE

SOS Control ID#: 0000151536

Certificate #: 026300319-1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

CHRISTIAN EMPLOYERS ALLIANCE

a Corporation - Nonprofit - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective January 27, 2016. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: December 8, 2024

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State