

F95000001621

CLIFTON WAKEFIELD  
(Requestor's Name)  
200 LESLIE DR. #420  
(Address)  
HALLANDALE, FL 33009 (305)  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

100001447071  
-04/04/95--01052--016  
\*\*\*\*131.25 \*\*\*\*131.25

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HANDICAPPED & HOMELESS VETERANS FOUNDATION  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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95 APR - 4 PM 12:54  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Examiner's Initials

**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. HANDICAPPED & HOMELESS VETERANS'S 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.)

2. ALABAMA  
(State or country under the laws of which it is incorporated)

3. FEB. 13 1995  
(Date of incorporation)

4. PERPETUAL  
(Duration)

5. 63-1136711  
(Federal Employer Identification number, if applicable)

6. UPON AUTHORIZATION  
(Date corporation first conducted affairs in Florida. See sections 617.1501, 617.1502, and 617.155, F.S.)

7. 1005 16TH STREET SOUTH BIRMINGHAM, AL. 35205  
(Current mailing address)

8. PROVIDING TRAINING, EDUCATION + JOBS IN OUR OFFICE(S) + WORKSHOP(S).  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Names and addresses of officers and/or directors:

**A. Directors:**

Chairman: CLIFTON WAKEFIELD

Address: 200 LESLIE DR. #420  
HALLANDALE, FL 33009

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: TAMMY BOLDEN

Address: 1005 16TH ST. SOUTH  
BIRMINGHAM, AL 35205

Director: PAM ELLIS

Address: 1005 16TH ST. SOUTH  
BIRMINGHAM, AL. 35205

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**B. Officers:**

President: PORTER HODGES  
Address: 1005 16TH STREET SOUTH  
BIRMINGHAM, AL. 35205

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: TAMMY BOLDEN  
Address: 1005 16TH ST. SOUTH  
BIRMINGHAM AL. 35205

Treasurer: TAMMY BOLDEN  
Address: 1005 16TH STREET SOUTH  
BIRMINGHAM, AL 35205

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: CLIFTON WAKEFIELD  
Office Address: 5310 N. STATE RD. 2# F  
FT. LAUDERDALE, Florida 33009  
Zip Code

**11. 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: Clifton Wakefield

12. 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.

13. Tammy Bolden Secretary  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. TAMMY BOLDEN SECRETARY  
(Typed or printed name and capacity of person signing application)

# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Handicapped & Homeless Veteran's Foundation, Inc. incorporated in Jefferson County, Birmingham, Alabama on February 13, 1995. I further certify that the records do not disclose that said Handicapped & Homeless Veteran's Foundation, Inc. has been dissolved.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.  
February 16, 1995

Date

*Jim Bennett*

Jim Bennett

Secretary of State