

# F98000002436

## TRANSMITTAL LETTER

TO: Qualification/Registration Section  
Division of Corporations

500002504235--4  
-04/28/98 --01136--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FAMILY SERVICE NETWORK, INC.  
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its business in Florida.

Please return all correspondence concerning this matter to the following:

ANDREW WILLIAM CLARK  
(Name of Person)

CLARK & ROGERS, P.C.  
(Firm/Company)

POST OFFICE BOX 1997  
(Address)

THOMASVILLE, GEORGIA 31997  
(City/State/Zip)

FILED  
98 APR 29 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
4/29

Should you need to call someone concerning this matter, please call:

ANDREW WILLIAM CLARK at ( 912 ) 228-5400  
(Name of Person) (Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
5/19

**CLARK & ROGERS, P.C.**  
ATTORNEYS AND COUNSELORS AT LAW

POST OFFICE BOX 1997  
THOMASVILLE, GEORGIA 31799  
TELEPHONE (912) 228-5400

123 EAST WASHINGTON STREET  
THOMASVILLE, GEORGIA 31792  
FACSIMILE (912) 228-9200

April 27, 1998

Florida Department of State  
Qualification/Tax Lien Section  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

Re: *Family First Institute, Inc.* and *Family Service Network, Inc.*

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Dear Sir or Madam:

Enclosed please find applications to register foreign corporations for each of the above-referenced Georgia corporations. *Family First Institute, Inc.* is a for-profit corporation and *Family Service Network, Inc.* is a non-profit corporation. The appropriate forms for each have been completed and are enclosed. Also enclosed are two(2) checks, each in the amount of \$78.75, made payable to *The Florida Department of State* in payment of the registration fee and the fee for a certificate of status.

Please provide the letter of acknowledgment to my address shown above.  
Please advise if there are any questions or if further information is needed.

Best regards,

CLARK & ROGERS, P.C.

  
Andrew William Clark

AWC

Enc.

*NOT FOR PROFIT*  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. FAMILY SERVICE NETWORK, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Georgia

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

3. Applied for

(FEI number, if applicable)

4. 04-16-98

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 04-28-98

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 3033 Spring Hill Road

Thomasville, GA 31792

(Current mailing address)

8. Conducting family enrichment seminars

(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 or Mail Drop Box NOT acceptable)**

Name: Jay Nichols Lybbert

Office Address: 1839 Homewood Road

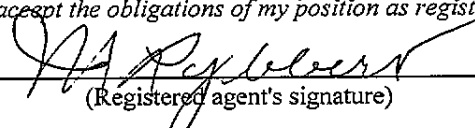
Tallahassee

Florida, 32303

(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 FLORIDA

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Thomas C. Ferrell

Address: 3033 Springhill Road

Thomasville, GA 31792

Vice Chairman: Jay Nichols Lybbert

Address: 1839 Homewood Road

Tallahassee, FL 32303

Director: Dr. J. Frederic Templeman

Address: 240 Primitive Avenue

Pelham, GA 31730

Director: \_\_\_\_\_

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

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Thomas C. Ferrell

Address: 3033 Springhill Road

Thomasville, GA 31792

Vice President: Dr. J. Frederic Templeman

Address: 240 Primitive Avenue

Pelham, GA 31730

Secretary: Jay Nichols Lybbert

Address: 1839 Homewood Road

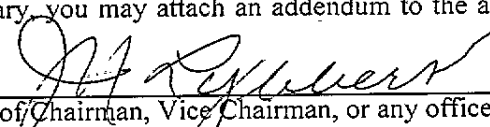
Tallahassee, FL 32303

Treasurer: Thomas C. Ferrell

Address: 3033 Springhill Road

Thomasville, GA 31792

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Secretary  
(Typed or printed name and capacity of person signing application)

**FILED**  
90 APR 29 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 981070190  
CONTROL NUMBER : 9508940  
DATE INC/AUTH/FILED: 03/06/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 04/17/1998  
FORM NUMBER : 211

CLARK & ROGERS, P.C.  
ANDREW WILLIAM CLARK  
P O BOX 1997  
THOMASVILLE GA 31799-1997

**FILED**  
98 APR 29 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**FAMILY SERVICE NETWORK, INC.**  
**A DOMESTIC NONPROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE

