F98000006872

TO: Qualification/Registration Section Division of Corporations

SUBJECT: Mennonite Board of Education (Name of Corporation)

500002714715--8 -12/17/98--01074--001 ******78 75 ******78 75

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 conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

James L. Histand
(Name of Person)

Goshen College

(Firm/Company)

1700 S. Main. St.

(Address)

Goshen, IN 46526
(City, State and Zip Code)

For further information concerning this matter, please call:

Name of Person) at (2/9) 575 - 7456

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section 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

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:

	Menanite Road of Education (Name of corporation: must include the word "INCO abbreviations of like import in language as will clear person or partnership if not so contained in the name corporate suffix by a nonprofit corporation.)	POI	RATED" or "CORPORATION" or words or	ral is a	2 -
2	Indiana	3	35-0468094		
	(State or country under the law of which it is incorporated)		•		
4.	(Date of Incorporation)	5.	perpetual		
	(Date of Incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		- " ·
6.	(Date corporation first conducted Affairs in Fl			ည္	DIV
	(Date corporation first conducted Affairs in Fl See sections 617.1501, 617.1502, and 817.155	orida , <i>F.S</i> .)	98 DFC 1	
7.	1700 V. Main 54.	·· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	J Be	10 A W
	Goshen IN 465.	2 L dress)		Σ. 	STATE F STATE
	Part vecanding educational (Purpose(s) of corporation authorized in home state of Name and street address of Florida regist			me	l pregrems
	James P. Miller	ame)	· · · · · · · · · · · · · · · · · · ·	-	 . ··
	3737 Bahia Vista	e addr	t. Suite Three ess)		
	√ara√ota_ (City)		, Florida, <u>アゲスラス</u> (Zip Code)		e a la destruction de la constant

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.
- 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: Even & Sergey	
Address:	-
,	
Vice Chairman:	
Address:	· .
- Lod	
Director: A Hoch	
Address:	
	
Director:	SECRE 98 DEC
Address:	
	TARY OF S
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	AM S
President:	
Address:	O ICAS
	_
Vice President: Hach ed	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	-
NOTE: If necessary, you may attach an addendum to the application listing addition	onal officers
and/or directors	
13. Milly flory reasurer	
(Signature of Chairman, or any officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)	
(1) year or printed traine and capacity or person signing application)	

Mennonite Board of Education Board of Directors

		Term Expires	
Evon L. Bergey, chair 1021 Orchard Rd Sellersville PA 18960	215 453-7454 Home 215 968-1762 Office 215 860-1125 Fax	2002	bergey5@ bellatlantic.net
Grace K. Brunner Box 221 Blooming Glen PA 18911	215-258-9975 Home 215-257-3431 Office 215-257-3150 Fax	1999	brunners@netcarrier.com
Ross D. Collingwood P O Box 5906 Salem OR 97304	503 362-8175 Home 503 364-0950 Office 503 399-1929 Fax	1999	ross@greatoakfin.com
Jesus M. Cruz, vice chair 441 Surrey Dr Lancaster PA 17602	717 581-7816 Home 717 397-4732 Office 717 396-7518 Fax	2001	jcruz1225@aol.com
Ralph E. Lehman 3974 South Kansas Rd Apple Creck OH 44606	330-698-9113 Home 330-264-6115 Office 330-262-5729 Fax	2000	rel@lhsław.com
Wanda Lynn Mitchell 23 Scotland Rd Hampton VA 23663	757 722-5678 Home 757-825-1133 Office 757 825-8771 Fax	2001	Fax not secure form
Phillip J. Rich, treasurer 1201 Lindau St Archbold OH 43502	419 446-2215 Home 419 445-7460 Office 419 446-2362 Fax	2002	pjrich@bright.net 1 AM 9:
Evelyn L Shellenberger 2845 N C R 100 W Paoli IN 47454	812 723-3595 Home 812 865-3350 Office 812 865-3814 Fax	2001	shellen@kiva.net
Joseph J. Voegtlin R R 1 Tofield AB T0B 4J0 CANADA	403 662-2025 Home 403 662-2025 Fax	1999	Call before sending fax
Kathy Weaver Wenger, secretary 217 Nottingham Ln Waynesboro VA 22980	540 943-5970 Home 540 949-8945 Office Fax	2001	mrwenger@cfw.com

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MENNONITE BOARD OF EDUCATION INC

filed Articles of Incorporation on January 31, 1906, and is a nonprofit corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

DIVISITE OF PARTICIPAS

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-eighth day of October, 1998.

SEAL OF SEAL O

Sue anne Gilroy, Secretary of State

DepAty