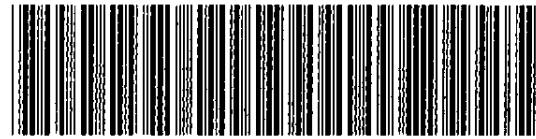


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** The King's Ambassadors, 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", 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:

Mrs. Sheila J Hearne  
(Name of Person)

The King's Ambassadors, INC  
(Firm/Company)

491 Grandview Ave  
(Address)

Ormond Beach, FL 32176-7103  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mrs. Sheila J Hearne at ( 386 ) 649-2334  
(Name of Person) (Area Code & Daytime Telephone Number)

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**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. THE KING'S AMBASSADORS, 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.)

2. Texas 3. 75-2284436  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 1, 1993 5. \_\_\_\_\_  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "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. 613 Townehouse Lane Richardson, TX 75081  
(Principal office address)

491 Grandview Ave Ormond Beach, FL 32176-7103  
(Current mailing address)

8. Open traditional housing for homeless women with children, and solicit for donation for support.  
(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: Mrs. Sheila J Hearne

Office Address: 491 Grandview Ave

Ormond Beach, FL, Florida 32176-7103  
(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.*

Mrs Sheila J Hearne  
(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. Names and addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

Director: Mr. Clarence L Hearne

Address: 491 Grandview Ave Ormond Beach, FL 32176-7103  
\_\_\_\_\_

Director: Mrs. Sheila J Hearne

Address: 491 Grandview Ave Ormond Beach, FL 32176-7103  
\_\_\_\_\_

**B. OFFICERS**

President: Mr. Clarence L. Hearne

Address: 491 Grandview Ave Ormond Beach, FL 32176-7103  
\_\_\_\_\_

Vice President: Mrs. Sheila J Hearne

Address: 491 Grandview Ave Ormond Beach, FL 32176-7103  
\_\_\_\_\_

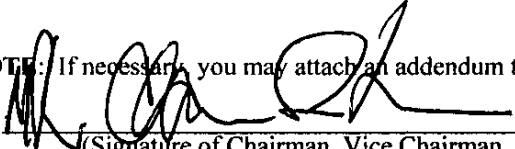
Secretary: Krystle L Cameron

Address: 5555 Spring Valley Road Suite 2129  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

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

**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)

14. Mr. Clarence L Hearne President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF FLORIDA  
ALLAHBASSE

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for THE KING'S AMBASSADORS, INC. (file number 111458301), a Domestic Nonprofit Corporation, was filed in this office on May 15, 1989.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 14, 2008.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State