

F05000001269

(Requestor's Name)

(Address)

(Address)

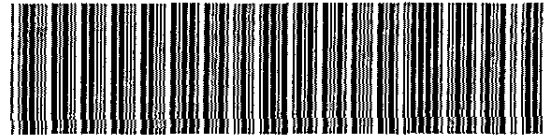
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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02/04/05--01032--008 **87.50

NP

Special Instructions to Filing Officer:

Name	
Availability	
Document	DCC
Operator	
Operator	DCC
Operator	DCC
W. P. Verifier	DCC

Office Use Only

Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Child's Dream Foundation, 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:

Shelly Townley Martin
(Name of Person)

Shelly Townley Martin, Attorney at Law
(Firm/Company)

133 Prominence Court

Suite 110
(Address)

Dawsonville, GA 30534
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

April B. Strickland at (770) 480-2739
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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

**SHELLY TOWNLEY MARTIN
133 PROMINENCE COURT
SUITE 110
DAWSONVILLE, GEORGIA 30534**

Phone: 706-265-1430

Fax: 706-265-1411

February 21, 2005

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

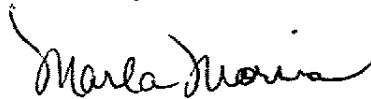
RE: A Child's Dream Foundation, Inc., a Georgia Company

To Whom It May Concern:

Please find enclosed the corrected application for above referenced company to conduct business in Florida. Please let us know if anything else is required.

Thank you for your assistance in this matter.

Sincerely,



Marla Morris
Paralegal

Enclosures



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 9, 2005

SHELLY TOWNLEY MARTIN
SHELLY TOWNLEY MARTIN, ATTORNEY AT LAW
133 PROMINENCE COURT, SUITE 110
DAWSONVILLE, GA 30534

SUBJECT: A CHILD'S DREAM FOUNDATION, INC.
Ref. Number: W05000006796

We have received your document for A CHILD'S DREAM FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00009202

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. A Child's Dream Foundation, Incorporated
(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. Georgia (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. Perpetual or 8-23-04 (?) (Date of Incorporation) 5. Perpetual (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. 2144 Cowart Road, Dawsonville, Georgia 30534 (Principal office address)

P. O. Box 1973, Dawsonville, Georgia 30534 (Current mailing address)

8. Charitable (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: Angel Matheson

Office Address: 4345 Lot 166 Thomas Drive

Panama City, Florida 32408 (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.

Angel Matheson (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: Charles D. Matheson

Address: P. O. Box 1973

Dawsonville, Georgia 30534

Vice Chairman: April B. Strickland

Address: P. O. Box 1973

Dawsonville, Georgia 30534

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

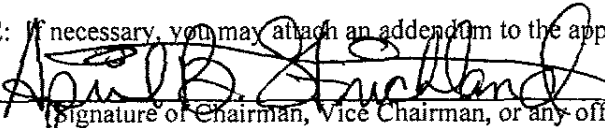
Treasurer:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. April B. Strickland
(Typed or printed name and capacity of person signing application)

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

CONTROL NUMBER : 0450636
DATE INC/AUTH/FILED: 08/23/2004
JURISDICTION : GEORGIA
PRINT DATE : 01/20/2005
FORM NUMBER : 211

A CHILD'S DREAM FOUNDATION, INC
CLIFF STRICKLAND
P O BOX 1973
DAWSONVILLE, GA 30534

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

A CHILD'S DREAM FOUNDATION, INC.
A GEORGIA NON-PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20050120153306546



Cathy Cox
Secretary of State

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TALLAHASSEE, FLORIDA