DOC ID ----> 201600503642

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/06/2016	201600503642	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

EMMANUEL EVANGELICAL LUTHERAN CHURCH INC.
140 CHERRY AVE NW
WARRE, OH, 44485

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

31605

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EMMANUEL EVANGELICAL LUTHERAN CHURCH, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**201600503642**
Effective Date: 01/06/2016	

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of January, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201600503642

Form 522 Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 1/6/2016

Statement of Continued Existence
Filing Fee: $25

CHECK ONLY ONE (1) Box

(1) ☒ Statement of Continued Existence (163-CCE) (Domestic Nonprofit Corporation)

(2) ☐ Verification of Foreign Nonprofit (173-FCE) (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

Name of Corporation: EMMANUEL EVANGELICAL LUTHERAN CHURCH, INC.

Charter or License Number: 31605

Complete the information in this section if box (1) is checked

Location of Principal Office: WARREN (City) TRUMBULL (County)

Date of Incorporation: 07/11/1912 (Date)

Complete the information in this section if box (2) is checked

Date of Qualification in Ohio: (Date)

Jurisdiction of Formation: (Jurisdiction)

Location of Office NOT in Ohio: (Mailing Address) (City) (State) (Zip Code)

Location of Office IN Ohio: (Mailing Address) (City) (State) (Zip Code)

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All Corporations must complete this section

Current Statutory Agent's Name and Address

DONALD F. NAGY
Name of Agent

140 CHERRY AVE. NW
Mailing Address

WARREN	OH	44485
City	State	Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

EMMANUEL EVANGELICAL LUTHERAN CHURCH INC
Signature

RONALD FENSTERMAKER
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name