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|------------|--------------|---------------------------------------------------------|--------|-------|---------|------|------|
| 12/19/2017 | 201735300522 | NONPROFIT - CERTIFICATE OF CONTINUED<br>EXISTENCE (CCE) | 25.00  |       |         |      | 0    |

**Receipt**

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

**JOHN KEVERKAMP  
750 WHITE POND DR  
AKRON, OH, 44320**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

**111884**

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

**JEWISH COMMUNITY CENTER OF AKRON**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

**Effective Date: 12/19/2017**

Document No(s):

**201735300522**



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 19th day of December, A.D.  
2017.

*Jon Husted*  
**Ohio Secretary of State**

Form 522 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Date Electronically Filed: 12/19/2017

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) | [busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

For screen readers, follow instructions located at this path.

**Statement of Continued Existence****Filing Fee: \$25****Form Must Be Typed****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 **JEWISH COMMUNITY CENTER OF AKRON**Charter or License Number **111884****Complete the information in this section if box (1) is checked**Location of Principal Office **AKRON**

City

**SUMMIT**

County

Date of Incorporation

**05/14/1924**

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

**All Corporations must complete this section**

Current Statutory Agent's Name and Address

B. &amp; MCD., INC.

Name of Agent

388 S. MAIN ST., SUITE 500

Mailing Address

AKRON

City

OH

State

44311

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.

JOHN KEVERKAMP

Signature

CFO

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name