



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/23/2018	201805402238	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**FAMILY SERVICE ASSOCIATION
2211 ARBOR BOULEVARD
DAYTON, OH, 45439 1521**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
232920

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

FAMILY SERVICE ASSOCIATION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 02/23/2018

Document No(s):

201805402238



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 23rd day of February, A.D. 2018.

Ohio Secretary of State

Form 522 Prescribed by:

JON HUSTED
Ohio Secretary of State



Date Electronically Filed: 2/23/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: 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 FAMILY SERVICE ASSOCIATION

Charter or License Number 232920

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

Location of Principal Office DAYTON

City

MONTGOMERY

County

Date of Incorporation

03/31/1953

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

BONNIE R PARISH

Name of Agent

2211 ARBOR BLVD

Mailing Address

DAYTON

City

OH

State

45439

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.

FAMILY SERVICE ASSOCIATION

Signature

BONNIE PARISH

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name