



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/14/2020	202025802158	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00

Receipt

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

CENTRAL CHRISTIAN CHURCH OF TOLEDO LUCAS COUNTY OHIO
P.O. BOX 8591
TOLEDO, OH 43623

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
11325

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE CENTRAL CHRISTIAN CHURCH OF TOLEDO LUCAS COUNTY OHIO

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 09/14/2020

Document No(s):

202025802158



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
14th day of September, A.D. 2020.

Ohio Secretary of State

Form 522 Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Statement of Continued Existence **RECEIVED**

Filing Fee: \$25

Form Must Be Typed

SEP 14 2020

CHECK ONLY ONE (1) Box

SECRETARY OF STATE

(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 Charter or License Number

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

Location of Principal Office

City

County

Date of Incorporation

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**

Adriane Valleroy, Central Christian Church

Name of Agent

P.O. Box 8591

Mailing Address

Toledo

City

Ohio

State

43623

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name