



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/16/2021	202119603020	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.

CARL STEVENS SEC./TRES
3105 HAMPTON STREET NW
UNIONTOWN, OH 44685

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
636384

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE AKRON POLICE DEPARTMENT VOLUNTARY EMPLOYEES INSURANCE ASSOCIATION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 07/15/2021

Document No(s):

202119603020



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
16th day of July, A.D. 2021.

Ohio Secretary of State

Form 522 Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.govbusiness@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216Expedite Filing (Two business day processing time.
Requires an additional \$100.00)P.O. Box 1390
Columbus, OH 43216

RECEIVED

Statement of Continued Existence**Filing Fee: \$25****Form Must Be Typed**

SECRETARY OF STATE

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 **Akron Police Department Voluntary Employees Insurance Association (APDVEIA)**Charter or License Number **636384****Complete the information in this section if box (1) is checked**Location of Principal Office **Akron**

City

Summit

County

Date of Incorporation **06-20-1984**

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

Ohio

State

Zip Code

All Corporations must complete this section**Current Statutory Agent's Name and Address**

Carl Stevens

Name of Agent

3105 Hampton Street NW

Mailing Address

Uniontown

City

Ohio

State

44685

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)

Carl F. Stevens Sec./Tres.

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name