



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/21/2023	202320103196	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.

JAMES M BUCHER
DBA 2ND HAND LION RACING
10958 W RIVER RD.
COLUMBIA STATION, OH 44028-8096

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
861240

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CALVARY CHAPEL OF CLEVELAND

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 07/20/2023

Document No(s):

202320103196



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
21st day of July, A.D. 2023.

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 1300
 Columbus, OH 43216

RECEIVED

For screen readers, follow instructions located at this path.

JUL 20 2023

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

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

Address of Principal Office

Mailing Address

City

State

Zip Code

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

James Michael Bucher

Name of Agent

10958 West River Road

Mailing Address

Columbia Station

City

Ohio

State

44028

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