

JENNIFER BRUNNER
OHIO SECRETARY OF STATE

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BUSINESS FILINGS
PROMOTING BUSINESS GROWTH

Business Information

Total Row Count in Report - 1

Business Name	Charter / Registration Number	Type	Original Filing Date	Status	Expiration Date	Location / County / State
THE ASSOCIATION OF FUNDRAISING PROFESSIONALS - NORTH CENTRAL OHIO CHAPTER	855415	Corporation For Non-Profit	Oct 06 1993	Active	May 15 2011	Akron Summit Ohio

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/16/2006	200610702520	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	00

Receipt

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

AFP NORTH CENTRAL OHIO CHAPTER
C/O AKRON CHILDREN'S HOSPITAL
ONE PERKINS SQUARE
AKRON, OH 44308

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

855415

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE ASSOCIATION OF FUNDRAISING PROFESSIONALS - NORTH CENTRAL OHIO CHAPTER
and, that said business records show the filing and recording of:

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

200610702520



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 15th day of May, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio, (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)	(2) Change of Address of an Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	(3) Resignation of Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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Complete ALL of the general information in this section for the box checked above.

Name of Entity	Association of Fundraising Professionals - North Central Ohio Chapter
Charter or Registration No.	855415
Name of Current Agent	R. Scott Evans

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

Name and Address of New Agent	Julie Miller		
(Name)	4366 Minor Road		
(Street)	NOTE: P.O. Box Addresses are NOT acceptable.		
Copley	Summit	Ohio	44321
(City)	(County)	(State)	(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, Julie Miller, named herein as the Statutory agent for, Association of Fundraising Professionals - North Central Ohio Chapter, hereby acknowledges and accepts the appointment of statutory agent for said entity

Signature:
(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

Complete the information in this section if box (2) is checked.

Old Address of Agent _____
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

_____ **Ohio** _____
 (City) (State) (Zip Code)

New Address of Agent _____
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

_____ **Ohio** _____
 (City) (State) (Zip Code)

Complete the information in this section if box (3) is checked.


Is this agent resigning? Yes No

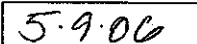
Current or last known address
 of the entity's principal office
 where a copy of this Resignation
 of Agent was sent as of the date
 of filing or prior to the date filed

_____ **NOTE: P.O. Box Addresses are NOT acceptable.**

_____ **Ohio** _____
 (City) (State) (Zip Code)

REQUIRED
Must be authenticated (signed) by an
authorized representative
(See Instructions)


 Authorized Representative


 Date