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DATE: 06/03/2003

DOCUMENT ID 200315002620

DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

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ST. STEPHEN'S EPISCOPAL CHURCH 284 LOVERS LANE STEUBENVILLE, OH 43953

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

15818

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

ST. STEPHEN'S PROTESTANT EPISCOPAL CHURCH

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200315002620



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 30th day of May, A.D. 2003.

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohic (1874) 456-3910

Toll Free: 1-877-SOS-FILE (1-877-967) 3512: 47

2003 MAY 19

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REINSTATEMENT

(For Domestic or Foreign, Profit or Non-Profit) Filing Fee \$25.00

THE UNDERSIGNED	DESIRING	TO	FILE A:
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(CHECK ONLY ONE (1)	вох)					
of Agent (for failure to maintain a statutory agent) (for failure		Agent for a Foreign	Reinstatement & Appointment of Agent for a Foreign Corporation or failure to maintain a statutory agent)		(3)基录 Reinstatement of a Non-Profit Corporation (for failure to file a statement of continued	
(4) Reinstatement of a	Posistored Per		(E) Deinster		(109-RENN)	
	Registered Pan	mership having			ofessional Corporation	
Limited Liability			(for failure to file annual or biennial reports)			
(for failure to file annual or biennial reports) (112-PLR)			(110-RENP)			
THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES		INQUENT ANNUAL OK	THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES			
Complete ALL of the gener	ral information in	n this section for the box ci	necked above.			
Name of Entity	St. Ste	phen's Protest	ant Epis	copal C	hurch	
Charter or		15010				
Registration No.		15818				
Cancellation Date	The entity was	canceled on (list date):				
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Complete the Information in	this section if b	oox (1) or (2) is checked.				
Name and Address of						
New Agent (if applicable)		(Name)				
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		(Street) NOTE: P.O. Box Addresses are NOT acceptable.				
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		ACCEPTANCE OF AP	POINTMENT			
The Undersigned,					, named herein as	
the Statutory agent for,					_,	
hereby acknowledges and	accepts the app	pointment of statutory age	nt for said entity	1.		
	Signature:					
-			(Statutory Ag	ent)		
REQUIRED Must be authenticated (sig by an authorized represent		Parie B. M	luce	IL .	5-6-03	
(See Instructions)	•	Authorized Representativ	е		Date	
		Daniel B. Sch	midt, Se	nior Wa	rden	

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Page 1 of 2

Last Revised: May 2002