



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/14/2025	202510404532	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

CITY OF REFUGE GOODLIFE FOUNDATION
WWW.CORGOODLIFEFOUNDATION.ORG
3480 REFUGEE ROAD
COLUMBUS, OH, 43232

S T A T E O F O H I O
C E R T I F I C A T E

Ohio Secretary of State, Frank LaRose
4363849

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

CITY OF REFUGE GOODLIFE FOUNDATION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 04/14/2025

Document No(s):

202510404532



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 April, A.D. 2025.

Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 4/14/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov



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

TED V. MURDAUGH

Name of Agent

3480 REFUGEE ROAD

Mailing Address

COLUMBUS

City

OH

State

43232

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.

CITY OF REFUGE GOODLIFE FOUNDATION

Signature

THEODORE V MURDAUGH JR

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name