

**NO1 00000 4000**

**TRANSMITTAL LETTER**

**FILED**

01 JUN -8 PM 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

100004216041--5  
05/14/01--01137--013  
\*\*\*\*131.25 \*\*\*\*\*87.50

**SUBJECT:** Winter Haven Fellowship, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate
- \$122.50 Filing Fee & Certified Copy
- \$131.25 Filing Fee, Certified Copy & Certificate

**FROM:** Ned Weyant  
Name (Printed or typed)

1509 West Lake Cannon Drive N.W.  
Address

Winter Haven, Fl. 33881-3303  
City, State & Zip

(863) 965-1010  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

**C. BLALOCK JUN 8 2001**

W0111630



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 22, 2001

NED WEYANT  
1509 W LAKE CANNON DR NW  
WINTER HAVEN, FL 33881-3303

SUBJECT: WINTER HAVEN FELLOWSHIP INC.  
Ref. Number: W01000011630

We have received your document for WINTER HAVEN FELLOWSHIP INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

Please complete Article(s) III, IV, V.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 501A00031342

## ARTICLES OF INCORPORATION

*The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:*

### ARTICLE I

#### Name

The name of the corporation shall be:

Winter Haven Fellowship, Inc.

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### ARTICLE II

#### Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

1509 West Lake Cannon Drive N.W.

Winter Haven, Fl. 33881-3303

### ARTICLE III

#### Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

- 1-To provide fellowship organization for recovering alcoholics and recovering addicted persons in Polk County and visitors to this area.
- 2-To provide a facility available for the use of our membership.
- 3-Our facilities will be available for use by Alcoholics Anonymous groups and other related recovery programs modeled along the lines of Alcoholics Anonymous, and the non-addicted significant others and those persons who have been affected by an addiction.
- 4-Our objective is to advance the spiritual, mental and physical welfare of our recovering membership. To that end, this fellowship will apply to the Internal Revenue Service as a non-profit organization, cont. on attachment.

### ARTICLE IV

#### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The Board of directors will be the officers of the fellowship, these will consist of the President, Vice-President, Secretary, Treasurer, Chairman of the Board and two Membership Representatives. The officers shall be elected for one year at the annual meeting of the members.

ARTICLE III Purposes Cont.

subject to Section 501(c)(3) of the Internal Revenue Service Code. To that end any monies or funds whatsoever shall be used for the benefit of the Fellowship or its members. No officer, director or member shall receive financial remuneration for his or her services to the Fellowship, other than for reimbursement of reasonable expenses incurred. However, members who are full or part-time employees of the Fellowship may receive wages for services rendered by reason of their employment.

5-The Fellowship vows to use as a guide for operation the 12 Steps recovery program and principles of Alcoholics Anonymous and to refrain from interference with the autonomy and traditions of any 12 Step recovery program or group. (Example: The 12 Traditions of Alcoholics Anonymous).

**ARTICLE V**

**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

**ARTICLE VI**

**Initial registered agent and street address**

The name and the street address of the initial registered agent is:

Ned Weyant

1509 West Lake Cannon Drive N.W.

Winter Haven, Fl. 33881-3303

**ARTICLE VII**

**Incorporators**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

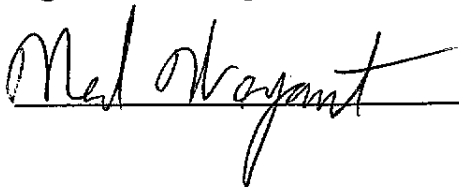
Ned Weyant

1509 West Lake Cannon Drive N.W.

Winter Haven, Fl. 33881-3303

The undersigned incorporator has executed these Articles of Incorporation this 6<sup>th</sup> day of June, 19 2001.

Signature of Incorporator:



Ned Weyant

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Winter Haven Fellowship, Inc

(must include suffix)

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2. The name and address of the registered agent and office is:

Ned Weyant

(NAME)

1509 West Lake Cannon Drive N.W.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Winter Haven, Fl. 33881-3303

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

  
(DATE)