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COVER LETTER

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

Family Hope Pregnancy Center 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee, Filing Fee & Filing Fee Certificate of Certified Copy & Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM: Debra DeWitt Name (Printed or typed) 20303 SW 69th PL Address Dunnellon, Fl. 34431 City, State & Zip (813)401-8149 20892 Selevatione Telephone number

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

familyhopepregnancycenter@yahoo.com E-mail address: (to be used for future annual report notification)



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12 JUL -9 PH 3: 48

FLORIDA DEPARTMENT OF STATE OF STATE OF ALIGN' Division of Corporations

June 21, 2012

DEBRA DEWITT 20892 SECOND AVENUE DUNNELLON, FL 34431

SUBJECT: FAMILY HOPE PREGNANCY CENTER, INC.

Ref. Number: W12000031451

We have received your document for FAMILY HOPE PREGNANCY CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 412A00017247

12 JUL -9 PH 1: 33



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FLORIDA DEPARTMENT OF STATE OF A Division of Corporations A A STATE OF A STAT

June 8, 2012

DEBRA DEWITT 20892 SECOND AVENUE DUNNELLON, FL 34431

SUBJECT: FAMILY HOPE PREGNANCY CENTER, INC.

Ref. Number: W12000031451

We have received your document for FAMILY HOPE PREGNANCY CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 012A00016313

12 JUL -9 PH 1: 33

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	NAME	Family Hope Pregnand	cy Center Inc.	FILED
The name of the	corporation shall be	e:		SECHETABY OF STATE MYIST R OF CORPORATION
ARTICLE II	PRINCIPAL (OFFICE		
		cipal street address		Mailing address, if different is: 12 JUL -9 PH 1: 33
	20892 Seco	nd Ave.		12 JUL -9 PH 1: 33
	Dunnellon, F	FJ. 34431	_	
ARTICLE III	PURPOSE			
The purpose for	which the corpora	ation is organized is:		
To provide f	amilies in cris	is pregnancies support a	nd services.	all for free, to enable them to carry
				y items, clothing, and food.
ARTICLE IV	MANNER O	F ELECTION The manner in	which the director	rs are elected and appointed:
				ajority vote. All new board members will be voted into office
ARTICLE V	INITIAL OF	FICERS AND/OR DIRECTO	RS	
				e:Glennda Galiion
Address:	President 20303 SW 69th Pl			Tresurer
			_	4941 SW 166th Ct. Rd.
	Dunnellon.	fl. 34431	_	Dunnellon, Fl 34432
Name and	Title: Rev. Chris	Greaves	Name and Title	e:
Address:	Vice-presid	ient	Address:	
	St. Lawren	tent ce Pl.	-	
		FI. 34432	-	
Name and	Title: Boyanna (`araway	Nome and Title	e:
Address:		Jaraway		
Addiças.	W. Hwy 32	۵		
		FL 34431		
ARTICLE VI	REGISTERE	n AGENT		
		ess (P.O. Box NOT acceptable) of	f the registered age	ent is:
Name:	Debra De			
Address:		W 69th PI	_	
		n, Fl. 34431		
				
ARTICLE VII	INCORPORA	TOR		
	idress of the Incor	 _		
Name:	Debra De			
Address:	20303 SV			
	Dunnellor	n. Fl. 34431		
			_	
Havine been nai	med as registered	agent to accept service of proce	ess for the above :	stated corporation at the place designated in this
		ccept the appointment as register		
7	^ ,	•		
Nersa 1	UV it			7-7-12
	Required	Signature of Registered Agent		Date
				nat any false information submitted in a document
		es a third degree felony as provid		5, F.S.
Make	Devist	uired Signature of Incorporator		7 7 12
NU DALI	AKE WILL	uired Signature of Incorporator		Date
	i Key	lanes pignarare or incorborator		Date