

NH000002653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

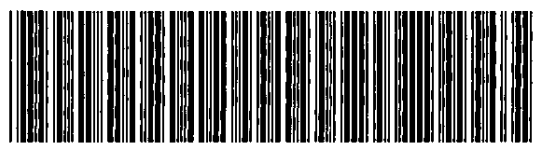
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/05/14--01019--008 \*\*78.75

FILED  
14 MAR 17 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-9220

**COVER LETTER**

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

**SUBJECT:** Ocala Prostate Cancer Support, 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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Steve Austin  
Name (Printed or typed)

19853 SW 5th Place  
Address

Dunnellom, FL 34431  
City, State & Zip

(352) 489-6993  
Daytime Telephone number

austin82647@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

March 14, 2014

Florida Department of State  
Division of Corporations  
Jessica A. Fason  
Regulatory Specialist II  
PO Box 6327  
Tallahassee, FL 32314

Steven D. Austin  
19853 SW 5th PL.  
Dunnellon, FL 34431  
Subject: OCALA PROSTATE CANCER SUPPORT, INC.  
Ref. Number: W1400009220  
Letter Number: 014A00003171

RECEIVED  
14 MAR 17 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Jessica,

I am resubmitting our application based on my verbal conversation with you via phone on March 3, 2014.

You requested (per Section 617.0202(d)) the manner in which our directors are appointed to be included either in our bylaws or a statement. I am including a copy of our bylaws as well as a corrected statement as to our method of election of a director.

... "A new officer/director is elected by a majority vote of the *officers* at a regularly scheduled board meeting." I am additionally enclosing for further clarification a copy of our bylaws.

I appreciate your attention in this matter. If you have any further questions/concerns please don't hesitate to contact me. FYI: Until the letter from you, Peter Mendez has been our designated "Incorporator" for this application. I am not sure what routed it to me. Since this has occurred, however, please continue to contact me regarding this application to eliminate any further confusion.

Regards,

Steven D. Austin  
Chairman, OPCS

CC: Peter Mendez



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2014

STEVE AUSTIN  
19853 SW 5TH PL  
DUNNELLOM, FL 34431

SUBJECT: OCALA PROSTATE CANCER SUPPORT, INC.  
Ref. Number: W14000009220

We have received your document for OCALA PROSTATE CANCER SUPPORT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 014A00003171

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Ocala Prostate Cancer Support, Inc. r

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

19853 SW 5th Place

Mailing address, if different is:

Dunnellon, FL 34431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Ocala Prostate Cancer Support Group is a group of men providing support, education and awareness to the community at large. We also conduct monthly meetings where men come to hear new treatment options from doctors or medical professionals in various fields related to prostate cancer. We attempt to approach newly diagnosed prostate cancer patients to assist them in learning about treatment options available to them. We also reach out into the community to make men aware of the need to be screened for prostate cancer through church groups or other men's groups. We also distribute literature to medical offices related to prostate cancer and prostate health. So we support, educate and create awareness. We were formed when the American Cancer Society's "Man to Man" program was de-funded. Our group was a Man to Man group who opted to form our own organization to continue the support the community needs.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

A new Officer/Director is elected by a majority vote of the Officers at a regularly scheduled Board Meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steve Austin  
Address: 19853 SW 5th Place  
Dunnellon, FL 34431  
Chairman/Secretary

Name and Title: Mickey Weller  
Address: 6417 SW 62nd Ave.  
Ocala, FL 34474  
Board Member

Name and Title: Peter I. Mendez  
Address: 5526 NW 80th Ave. Road  
Ocala, FL 34482  
Vice Chairman/Treasurer

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Conrad Massa  
Address: 9583 SW 90th Street  
Ocala, FL 34481  
Board Member

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 MAR 17 PM 2:05

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Steve Austin

Address: 19853 SW 5th Place

Dunnellon, FL 34431

FILED  
14 MAR 17 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

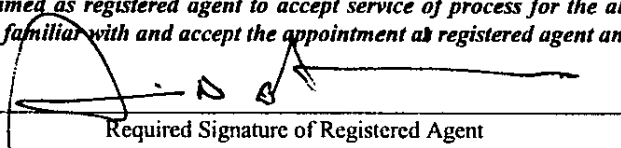
The name and address of the Incorporator is:

Name: Peter I. Mendez

Address: 5526 NW 80th Ave. Road

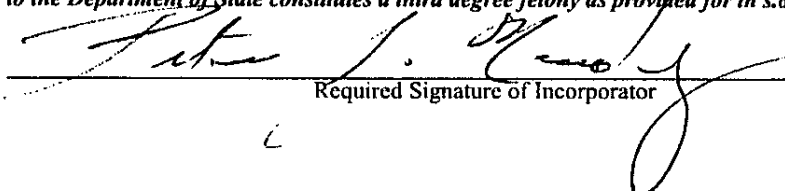
Ocala, FL 34482

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

1/30/2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

1/30/2014  
Date