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CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG - 3 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Restoration & Purpose Community Outreach, Inc  
\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dr. Tracy L. Spencer-Sandolph

\_\_\_\_\_  
Name of Person

Restoration & Purpose Community Outreach, Inc

\_\_\_\_\_  
Firm/Company

5668 Fishhawk Crossing Blvd

Suite 416

\_\_\_\_\_  
Address

Lithia, FL 33547

\_\_\_\_\_  
City/State and Zip Code

tspencer-sandolph@restorationandpurpose.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Tracy L. Spencer-Sandolph

540

353-1024

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Restoration & Purpose Community Outreach, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 4, 2015 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 16423 Chapman Crossing Drive, Suite B, Lithia, FL 33547  
(Principal office street address)

5668 Fishhawk Crossing Blvd, Suite 416, Lithia, FL 33547  
(Current mailing address, if different)

8. Community service (domestic violence awareness, training, advocacy); assist displaced individuals, and youth mentorship  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Tracy L. Spencer-Sandolph

Office Address: 5668 Fishhawk Crossing Blvd, Suite 416

Lithia, Florida 33547  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Tracy L. Spencer-Sandolph  
☐ Vice Chairman Address: 5668 Fishhawk Crossing Blvd.  
☒ Director Suite 416  
☒ President Lithia, FL 33547  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Wayne A. Sandolph  
☐ Vice Chairman Address: 5668 Fishhawk Crossing Blvd  
☐ Director Suite 416  
☐ President Lithia, FL 33547  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Consultant ☐ Other: \_\_\_\_\_

☐ Chairman Name: Kimberly Richards  
☐ Vice Chairman Address: 5668 Fishhawk Crossing Blvd  
☐ Director Suite 416  
☐ President Lithia, FL 33547  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Chelsea Spencer  
☐ Vice Chairman Address: 5668 Fishhawk Crossing Blvd  
☐ Director Suite 416  
☐ President Lithia, FL 33547  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other: Voting Board Mem ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Tracy L. Spencer-Sandolph  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tracy L. Spencer-Sandolph  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF AMENDMENT

#### NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Restoration & Purpose for Women, Inc.**

**a Domestic Nonprofit Corporation**

has filed articles/certificate of amendment in the Office of the Secretary of State on 07/07/2022 changing its name to

**Restoration & Purpose Community Outreach, Inc.**

**a Domestic Nonprofit Corporation**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 07/19/2022.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

## ARTICLES OF AMENDMENT

\*Electronically Filed\*  
Secretary of State  
Filing Date: 7/7/2022 4:53:01 PM

### Article 1

Business Name : Restoration & Purpose for Women, Inc.  
Control Number : 15017530

### Article 2

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : Restoration & Purpose Community Outreach, Inc.  
Effective Date : 07/07/2022

### Article 3

The date of the adoption of the amendment was: 07/07/2022

### Article 3

The amendment was adopted by the board of directors ;  
Without member approval as member approval was not required.

### Article 4

The date of the adoption of the amendment was: 07/07/2022

### Article 5

The undersigned does hereby certify that a request for publication of a notice of the filing of articles of amendment to change the corporation's name along with the publication fee of \$40.00 has been forwarded to the legal organ of the county of the registered office as requested by O.C.G.A 14-3-1005.1.

### Authorizer Information

Authorizer Signature : Tracy L. Spencer

Authorizer Title : Incorporator

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **Restoration & Purpose Community Outreach, Inc.**

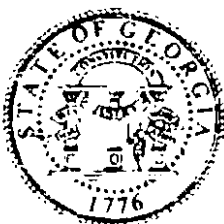
**a Domestic Nonprofit Corporation**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	23307927
Date Inc. Auth. Filed	02/04/2015
Jurisdiction	Georgia
Print Date	07/19/2022
Form Number	211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State