

# F95000005304

## TRANSMITTAL LETTER

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-10/30/95--01032--009  
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TO: Qualification/Registration Section  
Division of Corporations

SUBJECT: Grace Community Mental Health Center of Feather Sound, Inc.  
(Name of Corporation)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Travers W. Paine III  
(Name of Person)

Paine, McElreath & Hyder, P.C.  
(Firm/Company)

301 Wheeler Executive Center  
(Address)

Augusta, Ga. 30909  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Travers W. Paine III at (706) 738-9710  
(Name of Person) Area Code & Daytime Telephone Number

### COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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. Grace Community Mental Health Center of Feather Sound, 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.)

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

4. 5/17/95 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or  
"perpetual")

6. 5/17/95  
(Date corporation first conducted Affairs in Florida -  
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 301 Wheeler Executive Center  
Augusta, Ga. 30909  
(Current mailing address)

8. Operation of a community mental health center.

(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:

CT Corporation System  
(Name)

1200 South Pine Island Road  
(Office address)

Plantation, Florida, 33324  
(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.

Dale W. Morris  
(Registered agent's signature)  
Dale W. Morris, Assistant Vice President

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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.

12. Names and addresses of officers and/or Directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Harry McD. Clark

Address: 19229 Scenic Highway 98  
Fairhope, Alabama 36532

Vice Chairman: Deborah J. Clark

Address: 126 Dunford Hill  
Daphne, Alabama 36526

Director: Travers W. Paine III

Address: 310 Wheeler Executive Center  
Augusta, Ga. 30909

Director: Wallace Nelson

Address: 20386 Highway 13  
Fairhope, Alabama 36532

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Harry McD. Clark

Address: 19229 Scenic Highway 98  
Fairhope, Ala 36532

Vice President: Deborah J. Clark

Address: 126 Dunford Hill  
Daphne, Ala. 366

Secretary: Travers W. Paine

Address: 301 Wheeler Executive Center, Augusta, Ga. 30909

Treasurer: Wallace Nelson

Address: 20386 Highway 13, Fairhope, Ala. 36532

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Travers W. Paine III Secretary  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Travers W. Paine III- Secretary  
(Typed or printed name and capacity of person signing application)

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**Secretary of State**  
**Business Information and Services**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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PRINT DATE : 10/17/1995  
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TRAVERS PAINE  
301 WHEELER EXECUTIVE CENTER  
AUGUSTA GA 30909

**CERTIFICATE OF EXISTENCE**

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

**GRACE COMMUNITY MENTAL HEALTH CENTER OF FEATHER SOUND, INC.**  
**A DOMESTIC NONPROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above 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.



*Max Cleland*

MAX CLELAND  
SECRETARY OF STATE

CORPORATIONS  
656-2817

CORPORATIONS HOT LINE  
404-656-222  
Outside Metro-Atlanta

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SECRETARY OF STATE  
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