

TRANSMITTAL LETTER

NO10000001153

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

000003675170--9  
-02/12/01--01145--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: BYKOTA OUTREACH MINISTRIES, 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: WINSTON G. HAMILTON, CHBC  
Name (Printed or typed)

3202 Hibiscus Avenue  
Address

FORT PIERCE, FL 34947  
City, State & Zip

(561) 873-4879  
Daytime Telephone number

FILED  
01 FEB 16 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Feb 2/19  
(3)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 13, 2001

WINSTON G HAMILTON  
3203 HIBISCUS AVE  
FT PIERCE, FL 34947

SUBJECT: BYKOTA OUTREACH MINISTRIES, INC.  
Ref. Number: W01000003449

We have received your document for BYKOTA OUTREACH MINISTRIES, 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):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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) 487-6926.

Gina Bullock  
Document Specialist

Letter Number: 901A00008938

# **ARTICLES OF INCORPORATION**

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

## **ARTICLE I NAME**

The name of the corporation shall be:

**BYKOTA OUTREACH MINISTRIES, INC**

## **ARTICLE II PRINCIPAL OFFICE**

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

**3202 HIBISCUS AVE  
FORT PIERCE, FL 34947**

## **MAILING ADDRESS**

**P.O. BOX 2413  
FORT PIERCE, FL 34954**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

1. TO PROVIDE COMMUNITY FAITH-BASED HIV/AIDS, DIABETES PREVENTION EDUCATION
2. TO MINISTER TO THE SPIRITUAL, PHYSICAL AND SOCIAL NEEDS OF DISADVANTAGED FAMILIES IN ST. LUCIE COUNTY
3. PROVIDE AND PROMOTE FAMILY LIFE EDUCATION SESSIONS.
4. TO OFFER PASTORAL CARE AND SUPPORT TO HIV/AIDS PATIENTS AND THEIR FAMILIES.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**WILL BE STATED IN THE CORPORATE BY-LAWS**

## **ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name and addresses:

**PASTOR WINSTON G. HAMILTON, 3202 HIBISCUS AVE, FT. PIERCE, FL 34947**

**MRS. IDA HAMILTON, RN. CM - 3202 HIBISCUS AVE, FT PIERCE, FL 34947**

**MRS. ANNETTE CASON, MA - 3008 HIBISCUS AVE. FT PIERCE, FL 34947**

**DR. GLORIA SPENCER, MD - 7691 CHARLESTON WAY, PORT ST. LUCIE, FL 34986**

## **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

**WINSTON G. HAMILTON, CHBC  
3202 HIBISCUS AVE, FT. PIERCE, FL 34947**

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**WINSTON G. HAMILTON, CHBC  
3202 HIBISCUS AVE, FORT PIERCE, FL 34947**

FILED  
01 FEB 16 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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.

**WG Hamilton, CHBC**

Signature/Registered Agent

**02-07-01**

Date

**W.G. Hamilton, CHBC**

Signature/Incorporator

**02-07-01**

Date