# N000006/33

NAME: NORTH JAX LEGAL CLINIC

ADDRESS: 9885 - 2 LEM TURNER RD

JACKSONVILLE, FL 32208

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OVER THE RAINBOW CHRISTIAN SCHOOL, INC.

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 10, 2002

NORTH JAX LEGAL CLINIC 9885- 2 LEM TURNER RD. JACKSONVILLE, FL 32208

SUBJECT: OVER THE RAINBOW CHRISTIAN SCHOOL, INC.

Ref. Number: W02000019838

We have received your document for OVER THE RAINBOW CHRISTIAN SCHOOL, INC.. However, the document has not been filed and is being returned for the following:

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

PLEASE CORRECT THE HEADING OF YOUR DOCUMENT TO STATE ""FORMING A CORPORATION UNDER THE FLORIDA NOT FOR PROFIT CORPORATION ACT"" NOT GENERAL""

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) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 902A00042812

Division of Commenting - DA DAY-ARE

## ARTICLES OF INCORPORATION

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

# ARTICLES OF INCORPORATION OF

OVER THE RAINBOW CHRISTIAN SCHOOL, INC.

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts(s) the following Articles of Incorporation.

### ARTICLE I: NAME

The name of the corporation shall be:

# OVER THE RAINBOW CHRISTIAN SCHOOL, INC.

# ARTICLE II: PRINCIPAL OFFICE

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

# 10745 WAKE FOREST AVE., JACKSONVILLE, FLORIDA 32218

### ARTICLE III: PURPOSE

The Over The Rainbow Christian School, Inc., faculty and staff will provide a quality education in a Christian environment by teaching toward the total development of the student's mind, character and body for excellent academic performance and an exceedingly abundant life.

# ARTICLE IV: MANNER OF ELECTION

The manner in which the directors are elected or appointed. By a board meeting.

# ARTICLE V: INITIAL DIRECTORS/OFFICERS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or their successor(s) is (are) elected, is(are):

### PRESIDENT

### GALYNDA HENDERSON

10745 Wake Forest Ave., Jacksonville, Florida 32218

### VICE PRESIDENT

### DONALD HENDERSON

10745 Wake Forest Ave., Jacksonville, Florida 32218

### SECRETARY/TREASURER

### KEITH FIELDS

11660 Jackman Cove Lane, Jacksonville, Florida 32218

### ARTICLE VI: INITIAL REGISTERED AGENT

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

### KEITH FIELDS

10745 Wake Forest Ave., Jacksonville, Florida 32218

### ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is(are):

GALYNDA HENDERSON, 10745 Wake Forest Ave., Jacksonville, Florida 32218

GALYNDA HENDERSON

DONALD HENDERSON, 10745 Wake Forest Ave., Jacksonville, Florida 32225.

DONALD HENDERSON

KEITH FIELDS, 11660 Jackman Cove Lane, Jacksonville, Florida 32218

KEITH FIELDS

•	IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles
	of Incorporation this 15th day of 2002.
	Signature(s) of Incorporators(s)
	All Harth
	CALVANA HENDERS
	STATE OF FLORIDA GALYNDA HENDERSON
	COUNTY OF DUVAL
	THE FOREGOING instrument was acknowledged and sworn to before me this day of $\Omega$ . As $\Omega$ and $\Omega$ are $\Omega$ .
	Hs. 36-286-181. 574-0 2002 by Galynda Henderson. In fraction of Draws
	LORRAINE D. WELLS Notary Public, State of Florida Commission No. Co. goods
	My Commission Expires 1/3/2003 LORRAINE D. WELLS
	My Commission Expires: January 3, 2003
	IN WITNESS WHEDEOE 41.
	IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these
	day or the polation this the day of the the second of the the second of
	Signature(s) of Incorporator(s)
	(1) $(2)$ $(3)$
	Januar 1822
	STATE OF FLORIDA  DONALD HENDERSON
	COUNTY OF DUVAL
	THE FORECOINC instrument
	THE FOREGOING instrument was acknowledged and sworn to before me this
	John Tichnerson.
	Adlain O. Well
	LORRAINE D. WELLS NOTARY PUBLIC
	Notary Public, State of Florida Commission No. CC 800064  LORRAINE D. WELLS
	Notary Public, State of Florida Commission No. CC 800064 My Commission Expires 1/8/2003 My Commission Expires 1/8/2003 My Commission Expires 1/8/2003
	IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1st day of 2002 10 holls and 1st day
4	2002 TO MONNEY TO
	Signature(s) of Incorporator(s)
	Mas In
5	STATE OF FLORIDA  KEITH FIEEDS
	COUNTY OF DUVAL
•	THE FODECOING instances
	THE FOREGOING instrument was acknowledged and sworn to before me this  day of
ī	icense. 2002 by Donald Henderson. ID produced-Florida Driver
_	A -
	Adercen Dwell
	MOTARY PUBLIC
	LORRAINE D. WELLS
	My Commission Expires: January 3, 2003
	OPPAINT D. WOLLD

LORRAINE D. WELLS
Notary Public, State of Florida
Commission No. CC 800064
My Commission Expires 1/3/2003

# CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

# OVER THE RAINBOW CHRISTIAN SCHOOL, INC.

2. The name and address of the registered agent and office is:

### KEITH FIELDS

10745 Wake Forest Ave., Jacksonville, Florida 32218

SIGNATURE/Corporate Officer

TITLE U, PAGS.

DATE 7/1/02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

(Registered Agent)

DATE

02 AUG 13 AM 9: 21
TALLAHASSEE FLORIDA