

NO3000000716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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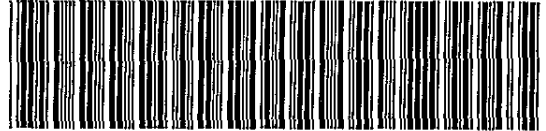
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Foundation of Rock 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: Tracey Pollackov  
Name (Printed or typed)

27 Madeira Dr.  
Address

St. Augustine, FL 32080  
City, State & Zip

(904) 460-9588  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Foundation of Rock Ministries, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

27 Madeira Dr.

St. Augustine, FL 32080

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of providing transitional housing, meals, and recovery services to the homeless of northeast Florida.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are appointed by the corporation's founders. Directors will serve on an on-going basis, and will be replaced or reappointed as needed.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

William Pollackov, President  
5203 Little Mountain Rd.  
Gastonia, NC 28056

Tracey Pollackov, Treasurer  
27 Madeira Dr.  
St. Augustine, FL 32080

Dennis Stephens, Secretary  
5203 Little Mountain Rd.  
Gastonia, NC 28056

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tracey Pollackov  
27 Madeira Dr.  
St. Augustine, FL 32080

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracey Pollackov  
27 Madeira Dr.  
St. Augustine, FL 32080

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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.

Tracey Pollackov

Signature/Registered Agent

1/14/03

Date

Tracey Pollackov

Signature/Incorporator

1/14/03

Date

03 JAN 21 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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