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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

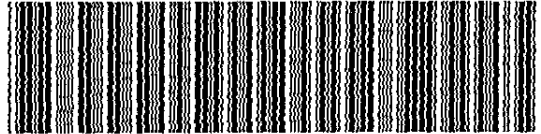
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 18 AM 10:22

F. CHEEVER JUN 20

**TRANSMITTAL LETTER**

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

**SUBJECT:** CROSS BACK 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:** SUSAN AHLERS  
Name (Printed or typed)

1750 N LAKESIDE CT  
Address

VENICE, FL 34293  
City, State & Zip

941 492-6441  
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:

Cross Back Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

within the State of Florida as such a place as the Board of Directors shall determine. It may also maintain additional offices at such other places within or outside the State of Florida as the Board of Directors may determine. Mailing address: P.O.Box 844, Venice, Fl 34284

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide a Christian focus center for youth to come together to have fun, be mentored, study and keep out of trouble in a safe, secure and controlled environment.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

A vote of majority of the Board of Directors then in office.

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

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

Troy French, 5942 Regent Rd, Venice, Fl 34293-6642, President  
Debbie Eaton, 1126 N Cypress Pt. Dr. Venice, Fl 34293, Vice President  
Linda Bannister, 1126 N Cypress Pt. Dr., Venice, Fl 34293, Secretary  
Susan Ahlers, 1750 N. Lakeside Ct. Venice, Fl 34293, Treasurer

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

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

Susan Ahlers, 1750 N. Lakeside Ct. Venice, Fl 34293,

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Troy French, 5942 Regent Rd, Venice, Fl 34293-6642

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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.

Susan Ahlers  
Signature/Registered Agent

6/15/03  
Date

Troy French  
Signature/Incorporator

6-13-03  
Date