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# TRANSMITTAL LETTER

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

N

SUBJECT: <u>NEW HO</u>	PE_LIFE_CENTER_IN (PROPOSED CORPORATI	C E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: TERRY CHARLESTON Name (Printed or typed)				
7385 HAVANA, HGWY, HAVANA, FL. 32333				
HAVANA, FL. 32333 City, State & Zip				
850-539-9655 Daytime Telephone number				

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

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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

NEW HOPE LIFE CENTER INC.

### ARTICLE II PRINCIPAL OFFICE

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

NEW HOPE LIFE CENTER INC. P.O.BOX 1003 GRETNA, FL. 32332

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE ORGANIZATION IS TO PROVIDE INSPIRATION THROUGH HEALTH AND EDUCATIONAL ACTIVITIES, AND SUPPORT SERVICES DESIGNED TO ENHANCE SELF WORTH AND MAINTAIN ACTIVAND HEALTHY LIVES IN THE COMMUNITY'S YOUTH AND ELDERS.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ARE APPOINTED.

### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

TERRY CHARLESTON, 7385 HAVANA HGWY. HAVANA, FL. 32333 DIR. BRENDA BETHEA 1095 HUTCHINSON FERRY RD. BAINBRIDGE, GA. D KATRINE McSWAIN 329 S. SHADOW ST. QUINCY, FL. 32351 DIR.

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TERRY CHARLESTON 7385 HAVANA HGWY. HAVANA, FL. 32333

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRENDA BETHEA 1095 HUTCHINSON FERRY RD. BAINBRIDGE, GEORGIA 39819

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.

Signature/Registered Agent
Signature/Incorporator

12-2-03

Date

Dra - 9 10