

No 40000000903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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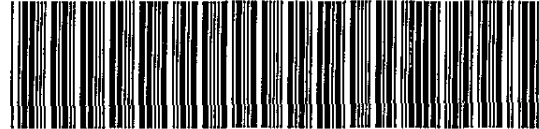
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

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1/29/04

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## TRANSMITTAL LETTER

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

SUBJECT: HEART'S OF PRAISE, 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: Joel A. Hursey

8145 Marion Circle

Jacksonville, Fl 32208

(904) 768-7890

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



**ARTICLES OF INCORPORATION**  
**In Compliance with Chapter 617, F.S., (Not for Profit)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **Hearts of Praise, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
**8145 Marion Circle**  
**Jacksonville, Fl. 32208**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Our purpose in incorporating is to be able to raise support that will enable us to minister in nursing homes, prisons and churches. We want to be able to spread the gospel of Christ through music and the word. To purchase equipment and supplies to continue the ministry free to those less fortunate than we are.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: **Group Voting.**

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

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

President: **Joel A. Hursey, Sr. 8145 Marion Circle, Jacksonville, Fl. 32208**  
Vice President: **Richard B. Sharp 4222 Hilltop Lane Callahan, Fl. 32011**  
Secretary: **Linda M. Stanley 1614 Loyola Drive N. Jacksonville, Fl. 32218**  
Treasurer: **Debbie M. Howell 117 Katherine Rd. Jacksonville, Fl. 32218**

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

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

**Joel A. Hursey, Sr.**  
**8145 Marion Circle**  
**Jacksonville, Fl. 32208**

**ARTICLE VII INCORPORATOR**

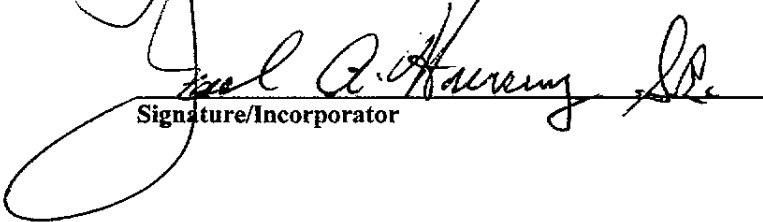
The name and address of the Incorporator is:

**Joel A. Hursey, Sr.**  
**8145 Marion Circle**  
**Jacksonville, Fl. 32208**

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

  
Date

  
Signature/Incorporator

  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN 20 PM 12:45

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