

NO4000003015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

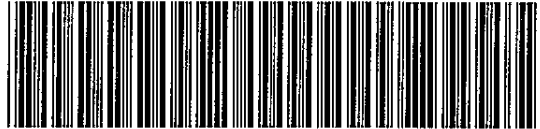
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W061-4568

Office Use Only



900027399299

01/22/04--01042--016 **87.50

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
04 MAR 17 PM 1:20

TS03/24/04

TRANSMITTAL LETTER

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

SUBJECT: G.E.P.M. Community Resources, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Devonna A. Tommie
Name (Printed or typed)
190 North State Road 715, #0253
Address
Belle Glade, Florida 33430
City, State & Zip
561-996-0734
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 3, 2004

DEVONNA A. TOMMIE
190 NORTH STATE ROAD 715, LOT 253
BELLE GLADE, FL 33430

SUBJECT: G.E.P.M. COMMUNITY RESOURCES, INC.
Ref. Number: W04000004568

Devonna A. Tommie Ministries, Inc

We have received your document for ~~G.E.P.M. COMMUNITY RESOURCES, INC.~~ and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

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) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 804A00007062

*The Above name changed to the following
Information, Enclosed.*

Devonna A. Tommie Ministries, Inc

**ARTICLES OF INCORPORATION
OF
DeVonna Anderson Tommie Ministries, Inc.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 17 PM 1:20

- ONE: The name and address of this principal corporation is DeVonna Anderson Tommie Ministries, Inc. 190 N. State Road 715 Lot 253, Belle Glade, Florida 33430. This corporation is organized pursuant to **FLORIDA** Nonprofit Corporation Code.
- TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for, charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The programs will consist of but shall not be limited to: Job Training, Job Placement, Land Acquisition, Housing, Employment, Literacy, Counseling, Temporary, Shelter, Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.
- THREE: The duration of this corporation shall be perpetual, no stock and shall have no members.
- FOUR: The address of the Registered office is 190 North State Road 715 Lot 253 Belle Glade, Florida 33430, and the name and address of the registered agent shall be: DeVonna A. Tommie, 190 N. State Road 715 Lot 253, Belle Glade, Florida 33430.
- FIVE: (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.
- SIX: The Directors are elected in accordance with the By-Laws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME

ADDRESS

DeVonna A. Tommie
President

190 N. State Road 715 Lot 253
Belle Glade, Florida 33430

Consuelo Peterson
Secretary

649 SW Ave B
Belle Glade, Florida 33430


Broderick Tommie
Treasurer

190 N. State Road 715 Lot 253
Belle Glade, Florida 33430

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer of member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable under Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purpose or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purpose.

NINE: Executed on August 24, 2003. The name and address of the incorporator of this corporation shall be:


Signature

DeVonna A. Tommie
190 N. State Road 715 Lot 253
Belle Glade, Florida 33430

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Devonna Anderson Tommie Ministries
(must include suffix)
INC.

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

Devonna A. Tommie
(Name)
190 North State Road 715, Apt 253
(Street address - P. O. Box or Mail Drop Box NOT acceptable)
Belle Glade, Florida 33430
(City/State/Zip)

FILED
04 MAR 17 PM 1:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

D. A. Tommie

(Signature)

3/10/04

(Date)