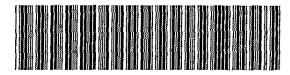
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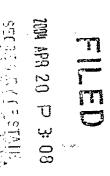
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Special Instructions to Filing Officer:				

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Ja. V

## TRANSMITTAL LETTER

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

SUBJECT: FLORIDA ACAPE CHRISTIAN CENTER, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original an	d one(1) copy of the arti	cles of incorporation and a	check for:
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	E78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	
FROM: _	JOHN D Name (I	CLARK Printed or typed)	_

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

352-542-1162 Daytime Telephone number

# ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME The name of the corporation shall be: FLORIDA ACAPE CHRISTIAN CENTER, MOR 20 ARTICLE II PRINCIPAL OFFICE

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 309

26757 SE US 19 HICHWAY - OLD TOWN, FL 33680

MAILING ADDRESS · P.O. BOX 1682 OLD TOWN, FL 33680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RELIGIOUS - ESTABLISH CHURCHES, ORDAIN MINISTERS, PROVIDE CHARITABLE HELP TO PEOPLE & OTHER CONGREGATIONAL DUTIES

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

FORMING BOARD OF DIRECTORS WILL APPOINT FUTURE DIRECTORS
BY A MAJORITY VOTE OF THE BOARD, EXISTING BOARD WILL APPOIN.

# ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

JOHN D. CLARK 838 NE. 312 AUC OLD TOWN, FL 32680 D/P

WILLIAM CLARK 455 N.E. 312 AUC OLD TOWN, FL 32680 D/T

JACK BOYETTE 484 NE 80 AUE OLD TOWN, FL 32680 D

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN O. CLAPIN 828 NE 312 AVE. OLD TOWN, FL 32680

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN D. CLARY 828 N.E. 312 AUR OLD TOWN, FL 32680

***************	***********
Having been named as registered agent to accept service of process for the above sta	
in this certificate, I am familiar with and accept the appointment as registered agent	t and agree to act in this capacity.
Island Clark	4-20-04
Signature/Registered Agent	Date
John D. Clark	4-20-04
Signature/Incorporator	Date