

**NO4000004581**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

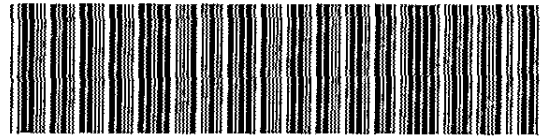
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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04/16/04--01018--017 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY -7 PM 1:40

5/7

## TRANSMITTAL LETTER

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

**SUBJECT:** PLACE OF REFUGE  
**(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:** Hyacinth Y. Comrie  
Name (Printed or typed)  
315 Maple North  
Address  
Lehigh Acres, FL 33972  
City, State & Zip  
(239) 303 - 2545  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 21, 2004

HYACINTH Y. COMRIE  
315 MAPLE NORTH  
LEHIGH ACRES, FL 33972

SUBJECT: PLACE OF REFUGE  
Ref. Number: W04000015448

We have received your document for PLACE OF REFUGE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 104A00026461

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
04 MAY -7 AM 10:43

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

PLACE OF REFUGE, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -7 PM 1:40

## ARTICLE II PRINCIPAL OFFICE

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

315 Maple North Lehigh Acres, FL 33972

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

People Overcoming With Educational Reinforcement Program (POWER) will develop and implement the construction of an adequate and suitable housing environment that will foster the opportunity to demonstrate competence in academic achievement; provide substance abuse and prevention education; build esteem to reduce desire

ARTICLE IV MANNER OF ELECTION to pursue wrong choices for disadvantaged young adults ages 15-18.

The manner in which the directors are elected or appointed:

The Board of Directors are elected or appointed every two (2) years through the ballot nomination process.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Hyacinth Y. Comrie - 315 Maple North Lehigh Acres, FL 33972-Founder/Chairperson

Leila Reid - 391 24th Avenue Northeast Naples, FL 34102 -Vice-Chairperson

Norma Johanneson - 5401 Twin Creek Place Norcross, Ga. 30071-Treasurer

Gerald Thorpe - 5250 Hunter Boulevard Naples, FL 34116-Secretary

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Hyacinth Y. Comrie

315 Maple North

Lehigh Acres, FL 33972

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hyacinth Y. Comrie

315 Maple North

Lehigh Acres, FL 33972

\*\*\*\*\*  
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.

x Hyacinth Comrie  
Signature/Registered Agent

4-9-04  
Date

x Hyacinth Comrie  
Signature/Incorporator

4-9-04  
Date