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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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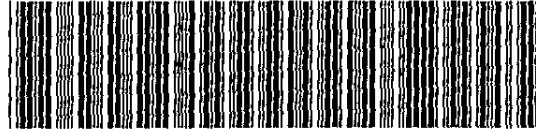
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: LaCour Foundation Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Monica La Cour
Name (Printed or typed)

2952 Breve Dr.
Address

Jacksonville, FL 32209
City, State & Zip

904 764-4368
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LaCOUR FOUNDATION CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

2952 BREVE DR. JACKSONVILLE, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES SUCH AS ROOM & BOARD, FOOD, JOB PLACEMENT, REFERRAL SERVICES FOR HEALTH AND EDUCATION NEEDS AND SPIRITUAL COUNSELLING TO RECENTLY RELEASED EX-OFFENDERS. OUR GOAL IS TO ASSIST THEM IN OBTAINING A POSITIVE FUTURE SO THAT THEY WILL NOT BECOME REPEAT OFFENDERS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS WILL BE ELECTED BY THE MAJORITY VOTE OF THE EXISTING BOARD OF DIRECTORS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

EARL W. WYNN 3350 FLAT SHOALS RD. ATLANTA, GA 30349 (DIRECTOR)
GERALD SCOTT 4017 BENDER RD. JACKSONVILLE, FL 32207 (DIRECTOR)
MONICA LaCOUR 2952 BREVE DR. JACKSONVILLE, FL 32209 (PRESIDENT, VICE PRESIDENT, TREASURER/DIRECTOR)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MONICA LaCOUR 2952 BREVE DR. JACKSONVILLE, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MONICA LaCOUR 2952 BREVE DR. JACKSONVILLE, FL 32209

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.

Monica LaCour
Signature/Registered Agent

8-17-04
Date

Monica LaCour
Signature/Incorporator

8-17-04
Date