

N 04000009170

(Requestor's Name)

"CEPA"

Bishop/Dr. O. M. Vickson I  
Chairman - CEO  
P. O. Box 617442  
Orlando, FL 32861

(City/State/Zip/Phone #)

☐ PICK-UP

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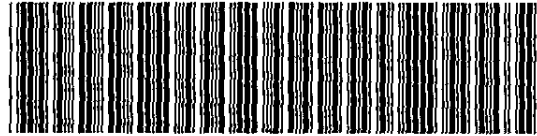
(Business Entity Name)

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# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

*Forchion's Elderly Assistance - Duncare, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

*7750 Murcott Circle  
Orlando, FL 32835*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To provide assistance and a daycare for our elderly citizens in the poor, low income and at risk areas in order to enhance their way of life, increase their life span and insure they are receiving the necessary care and benefits so that these people of God will enjoy the rest of their life, etc.*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Held on an annual basis by way of secret ballot as directed by Advisory Board of Directors.*

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

*Shirley Forchion  
7750 Murcott Circle  
Orlando, FL 32835*

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Shirley Forchion  
7750 Murcott Circle  
Orlando, FL 32835*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Bishop/Dr. O. M. Vickson I  
925 S. Key Lane  
Orlando, FL 32811*

\*\*\*\*\*  
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.

*Shirley Forchion*  
\_\_\_\_\_  
Signature/Registered Agent

*8/5/04*  
\_\_\_\_\_  
Date

*O. M. Vickson I*  
\_\_\_\_\_  
Signature/Incorporator

*8/5/04*  
\_\_\_\_\_  
Date