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(Business Entity Name)

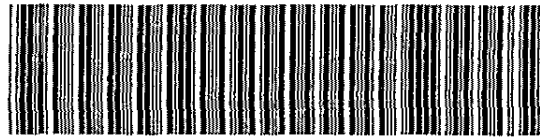
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JAN 26 PM 2:13

TRANSMITTAL LETTER

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

SUBJECT: All Saints Community Development Corporation of Winter Haven, Florida, Inc.

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 & Certificate

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy

ADDITIONAL COPY REQUIRED

FROM:
Address:
City, State & Zip
Daytime Telephone number

Dr. Robert M. Spooner
P. O. Box 3778
Winter Haven, Florida 33885
407-924-1435

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of this corporation shall be:

All Saints Community Development Corporation of Winter Haven, Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 3778

Winter Haven, Florida 33885

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Saints Community Development Corporation of Winter Haven, Florida, Inc. purpose is to serve as a beacon of hope that further elevates the quality of life in the surrounding community. This faith based organization will devote its efforts to the uplift of the citizens of the Winter Haven metropolitan community through education, economic and social development.

ARTICLE IV MANNER OF ELECTION

The directors will be elected at the annual meeting of the corporation.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

Mr. Perry Burnham – P. O. Box 3778 Director
Winter Haven, Florida 33885

Ms. Dartha Shular - P. O. Box 3778 Director
Winter Haven, Florida 33885

Ms. Helen James - P. O. Box 3778 Director
Winter Haven, Florida 33885

Dr. Robert M. Spooner- P. O. Box 3778 Director
Winter Haven, Florida 33885

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

Dr. Robert M. Spooney – 2125 NE 2nd Street
Winter Haven, Florida 33885

ARTICLE VII INCORPORATOR

Robert M. Spooney – P. O. Box 3778 .
Winter Haven, Florida 33885

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.

Robert M. Spooney

Signature/Registered Agent

Date

1/23/05

Robert M. Spooney

Signature/Incorporator

Date

1/23/05

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