

6-26-87

## COVER LETTER

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

**SUBJECT:** Family Care Givers, Inc.  
(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:** Family Care Givers, Inc.  
Name (Printed or typed)

P. O. Box 1150  
Address

Summerfield, FL 34492  
City, State & Zip

352-307-9044  
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:

Family Care Givers, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

5200 SE 145th Street  
Summerfield, FL 34492

P. O. Box 1150  
Summerfield, FL 34491

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To offer premier, value-centered in-home Health Care  
and Medical Staffing by enhancing quality of life.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The directors shall be elected by the Board of Directors of Evangelical  
Bible Mission, Inc. by majority vote for terms not exceeding 3 years.

### **ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Rev. Bob Bedford, Chairman, P. O. Box 48295, St. Petersburg, FL 33743  
Rev. Mike Morgan, Director, 3131 W. Royerton Road, Muncie, IN 47303  
Arnie Dykes, Director, 8030 SE Sugar Pines Way, Hobe Sound, FL 33455  
Rev. Gerald Bustin, President, 5200 SE 145th St., Summerfield, FL 34492

### **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Gerald Bustin  
5200 SE 145th Street  
Summerfield, FL 34492

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

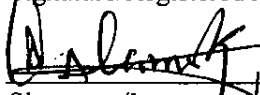
Dr. David Akaji  
5200 SE 145th Street  
Summerfield, FL 34492

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*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

6-21-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/21/07  
\_\_\_\_\_  
Date

FILED  
2001 JUN 25 P 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA