

NO8000003467

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

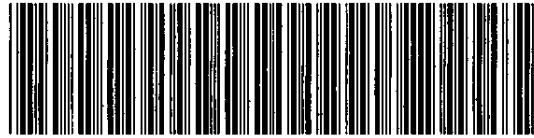
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR -9 2008  
D. A. WHITE

## TRANSMITTAL LETTER

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

SUBJECT: Second Chance Ministries, 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: Alonzo Williams, Jr. Ph.D.  
Name (Printed or typed)

P.O. Box 1537  
Address

Eaton Park, Florida 33840  
City, State & Zip

863-651-1942  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2008

ALONZO WILLIAMS, JR. PH.D.  
PO BOX 1537  
EATON PARK, FL 33840

SUBJECT: SECOND CHANCE MINISTRIES, INC.  
Ref. Number: W08000013649

We have received your document for SECOND CHANCE MINISTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected 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) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00015702

## **ARTICLE OF INCORPORATION**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of this corporation shall be called:

Redeemed Workers with a Second Chance, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

103 12<sup>th</sup> Street East Wahneta  
Winter Haven, Florida 33880

### **ARTICLE III PURPOSE**

The purpose for which this non-profit corporation is organized is to provide guidance through the use of career skills training, shelter, drug addiction rehabilitative counseling, interhealing retreats, Bible studies, and a food bank to individuals that have experienced life threatening situations causing a loss of self-worth.

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

Amanda S. Hernandez will appoint the Board of Directors each year in the month of January.

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

Amanda S. Hernandez  
103 12<sup>th</sup> Street East Wahneta  
Winter Haven, Florida 33880

President

**Kelly Lee**  
**113 7<sup>th</sup> Terrace Way**  
**Wahneta**  
**Winter Haven, Florida 33880**

**Treasurer**

**Teresa Brinson**  
**113 7th Terrace Way**  
**Wahneta**  
**Winter Haven, Florida 33880**

**Secretary**

**Alonzo Williams, Jr., PhD**  
**2715 Ellis Ave. /POB 1537**  
**Eaton Park, Florida 33840**

**Executive Director**

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

**The name and Florida Street address of the registered agent is:**

**Alonzo Williams, Jr., PhD.**  
**2715 Ellis Ave.**  
**Eaton Park, Florida 33840**

#### **ARTICLE VII INCORPORATOR**

**The name and address of the incorporator is:**

**Amanda S. Hernandez**  
**103 12<sup>th</sup> Street East Wahneta**  
**Winter Haven, Florida 33880**

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.

Dr. Alenzy Williams Jr.

Signature/Registered Agent

4/3/08

Date

Amanda Hernandez

Signature/Incorporator

4/5/08

Date

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TALLAHASSEE, FLORIDA