

NO9000009839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

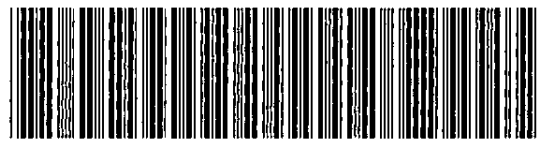
(Document Number)

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09/24/03--01014--009 \*\*78.75

APPROVED  
AND  
FILED  
09 OCT - 9 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** LIFE CHANGER'S OUTREACH REGIMENT 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:** SHERILYN GREEN

Name (Printed or typed)

P.O. BOX 61495

Address

PALM BAY, FL 32906

City, State & Zip

321-442-4168

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2009

SHERILYN GREEN  
P.O. BOX 61495  
PALM BAY, FL 32906

SUBJECT: LIFE CHANGER'S OUTREACH REGIMENT INC.  
Ref. Number: W09000043090

We have received your document for LIFE CHANGER'S OUTREACH REGIMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Please return 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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 609A00031439

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
LIFE CHANGER'S OUTREACH REGIMENT INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4682 LIPSCOMBE STREET N.E. SUITE 1  
PALM BAY FL. 32909

MAILING ADDRESS:  
P.O. BOX 81490  
PALM BAY FL. 32906

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
OUTREACH PROGRAM FOR AT RISK YOUTHS

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
UNANIMOUS VOTING & PROXY

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

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

SHERILYN GREENE, DIRECTOR  
VIVIENNE ALLEN, VP  
DEARANA LEWIS, TREASURER  
KEISHAN MCKENZIE, SECRETARY

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

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

NATHANIEL N. MCKENZIE  
2900 N. 26TH AVE., SUITE 701  
HOLLYWOOD, FL., 33020

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SHERILYN GREENE, DIRECTOR  
1245 PALM BAY RD. NE SUITE F204  
PALM BAY FL., 32905

\*\*\*\*\*

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.

Nathan McKenzie  
Signature/Registered Agent

10/9/09  
Date

Sherilyn Greene  
Signature/Incorporator

10/9/09  
Date

APPROVED  
AND  
FILED

09 OCT -9 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA