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(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

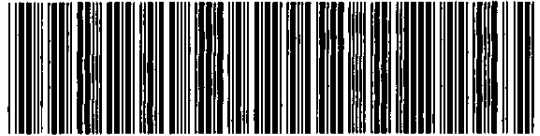
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W10000009109

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## COVER LETTER

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

**SUBJECT:** Caring Heart of Mercy, Inc. (Not for Profit)  
(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:** Deborah C. McCray  
Name (Printed or typed)

1954 Byram Drive  
Address

Clearwater, FL 33755  
City, State & Zip

727-466-0411  
Daytime Telephone number

Dcrossmccray@aol.com  
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

February 23, 2010

DEBORAH C. MCCRAY  
1954 BYRAM DRIVE  
CLEARWATER, FL 33755

SUBJECT: CARING HEART OF MERCY, Inc  
Ref. Number: W10000009109

We have received your document for CARING HEART OF MERCY 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 810A00004441

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 MAR 10 PM 1:32

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

**ARTICLE I NAME**

The name of the corporation shall be:  
Caring Heart of Mercy, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
1954 Byram Drive, Clearwater, FL 33755

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Community Resource Center providing social and economic research and support to low income community

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Appointed, and by vote with term limits.

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

List name(s), address(es) and specific title(s):  
Deborah C. McCray, Director and Treasurer, 1954 Byram Drive, Clearwater, FL 33755  
Wanda Simpson, Assistant Director, 5301 Columbus Way S. Apt. 908, St. Petersburg, FL 33712  
Lisa Frazier, Secretary, 385 Lewis Blvd. SE, St. Petersburg, FL 33712

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Deborah C. McCray, 1954 Byram Drive, Clearwater, FL 33755

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Deborah C. McCray, 1954 Byram Drive  
Clearwater, FL 33755

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.*

Deborah C. McCray  
Signature/Registered Agent

3/7/2010  
Date

Deborah C. McCray  
Signature/Incorporator

3/7/2010  
Date