

N10000610713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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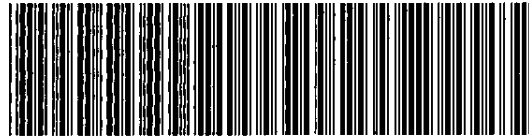
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers NOV 17 2010

## COVER LETTER

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

**SUBJECT: K C JOHNS HOMELESS MINISTRY, 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: REV. JOHN SPERRY  
Name (Printed or typed)

11115 LILLIAN HIGHWAY  
Address

PENSACOLA, FL 32506  
City, State & Zip

850-221-9623  
11117 Lillian Highway Phone number

JRSPERRY@COX.NET  
E-mail address: (to be used for future annual report notification)

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2010 NOV 15 AM 11:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

ORIGINAL

**ARTICLE I NAME**

The name of the corporation shall be: **K C JOHN'S HOMELESS MINISTRY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11117 LILLIAN HIGHWAY  
PENSACOLA, FL 32506

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO AID HOMELESS PERSONS WITH SHELTER AND FOOD IN COOPERATION WITH OTHERS  
AND TO BRING THOSE HOMELESS PERSONS INTO THE BLESSINGS OF THE LORD.**

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

**INITIAL DIRECTORS WILL BE APPOINTED BY THE PRESIDENT FROM TIME TO TIME AS NEEDED**

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

Name and Title: REV. JOHN SPERRY, PRESIDENT

Address: 11115 LILLIAN HWY  
PENSACOLA, FL 32506

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

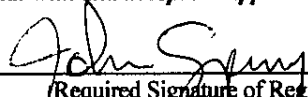
Name: REV. JOHN SPERRY  
Address: 11115 LILLIAN HIGHWAY  
PENSACOLA, FL 32506

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: REV. JOHN SPERRY  
Address: 11115 LILLIAN HIGHWAY  
PENSACOLA, FL 32506

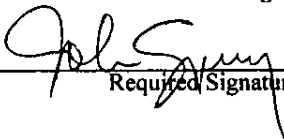
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

11/8/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator

11/8/10  
Date

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA