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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -5 PM 3:47

3/6/12

## COVER LETTER

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

SUBJECT: The Fellowship of Friends 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: Julie Thompson  
Name (Printed or typed)

P.O. Box 214  
Address

Elfers, FL 34680-0214  
City, State & Zip

727-597-7323  
Daytime Telephone number

thefellowshippoffriends@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: The Fellowship of Friends Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6625 State Rd 54  
New Port Richey, FL 34653

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Mailing address, if different is:

P.O. Box 214  
Elfers, FL 34680-0214

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

An association of Christian friends that volunteer their time and donate financially to assist others such as; orphanages, churches, homeless centers, children centers, food banks here in the United States or International. Our mission is to help the helpless.

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

The directors will be elected and appointed by the members of the organization.

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

Name and Title: Timothy Bombay  
Address: P.O. Box 1962  
Dunedin, FL 34697  
Chairman

Name and Title: Kyle Fenton  
Address: 4335 Floramar Ter  
New Port Richey, FL 34652  
Director

Name and Title: Julie Thompson  
Address: P.O. Box 214  
Elfers, FL 34680  
Secretary/Treasurer

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

Name and Title: Esther Bombay  
Address: 100 Barrington Dr  
Shillington, PA 19607  
Director

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: Julie Thompson  
Address: 4335 Floramar Ter  
New Port Richey, FL 34652

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Julie Thompson  
Address: 4335 Floramar Ter  
New Port Richey, FL 34652

*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

02/29/2012

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

02/29/2012

Date