

N 12000011951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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



700241170987

10/29/12--01031--019 \*\*87.50

Special Instructions to Filing Officer:  
Mr. McGraw **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT I, III, & V**  
DATE 12/28/12  
DOC. EXAM VH  
W12-55158

Office Use Only

FILED  
12 DEC 26 PM 2:48  
SECRETARY OF STATE  
221 AIRPORT BLVD  
MONTPELIER, VT 05602

VH

**COVER LETTER**

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

SUBJECT: Macedonia Adult Day Care 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. Herbert M<sup>c</sup>Arar  
Name (Printed or typed)

189 Shiloh Point Road  
Address

DAK Hill fl. 32759  
City, State & Zip

386-689-4383  
Daytime Telephone number

Reume9na@Bellsouth.net  
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 30, 2012

REV. HERBERT MC GRAW  
189 SHILOH POINT ROAD  
OAK HILL, FL 32759

SUBJECT: MACEDONIA ADULT DAY CARE INC.  
Ref. Number: W12000055458

We have received your document for MACEDONIA ADULT DAY CARE 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00026574

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

**ARTICLE I NAME**

The name of the corporation shall be: Macedonia Adult Daycare Inc.

FILED

12 DEC 26 PM 2:48

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
189 Shiloh Point Road  
Oak Hill, FL 32759

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide quality daycare services for disabled and senior adults that is conducive to physical and mental stimulation in a religious base environment. "Non-profit organization"

EFFECTIVE DATE 1/1/2013

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed by Rev. Herbert McGraw

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Rev. Herbert McGraw  
183 Shiloh Point Road  
Oak Hill, FL 32759  
Director

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Claudette Thomas  
302 S. Ridgewood Ave.  
Edgewater, FL 32132  
Secretary

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Virginia Jackson  
3108 Queen Palm Dr.  
Edgewater, FL 32141  
Asst. Director

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gloria Strait  
1613 Third Street  
Daytona Beach, FL 32117  
Asst. Secretary

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cynthia Dixon  
179 Wyatt Street  
Oak Hill, FL 32759  
Treasurer

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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Rev. Dr. Herbert McGraw  
183 Shiloh Point Road  
Oak Hill, FL 32759

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Rev. Dr. Herbert McGraw  
183 Shiloh Point Road  
Oak Hill, FL 32759

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

Rev. Herbert McGraw  
Required Signature of Registered Agent

12-22-12  
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.

Rev. Herbert McGraw  
Required Signature of Incorporator

12-22-12  
Date