

N130000008848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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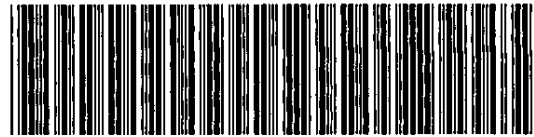
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Rs 10/1/13

COVER LETTER

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

SUBJECT: Daily Growth Outreach and 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: Isabell J. Dunbar
Name (Printed or typed)

833 Trambley Dr. W.
Address

Jacksonville, FL 32221
City, State & Zip

(904) 783-3559
Daytime Telephone number

isabelldunbar@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Daily Growth Outreach and Ministry INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2542-2 Firestone Rd
Jacksonville, FL 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Outreach to the community by
Providing food, clothing and ministering to the total man,
spiritually and physically.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed
based on interviews and recommendations

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Keels - Director Name and Title: _____

Address: 5772 Richmond St. Address: _____
Jacksonville, FL 32210

Name and Title: Mary Stator - Director Name and Title: _____

Address: 3850 Jammes Rd Address: _____
Jacksonville, FL 32210

Name and Title: Angela Davis - Director Name and Title: _____

Address: 12739 Ashbrook Cir E. Address: _____
Jacksonville, FL 32225

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Isabell Dunbar

Address: 833 Trambley Dr. W.
Jacksonville, FL 32221

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Annette P. Harmon

Address: 2538 Kohn Rd
Jacksonville, FL 32210

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

Isabell Dunbar
Required Signature of Registered Agent

9/24/13
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.

Annette P. Harmon
Required Signature of Incorporator

9/24/13
Date

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