

N13000009856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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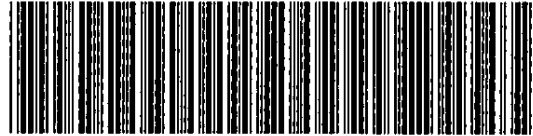
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/30/13

## COVER LETTER

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

SUBJECT: THE HIDING PLACE RECOVERY 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: CAROLYN DANIEL  
Name (Printed or typed)

7326 KAUAI LOOP #1A  
Address

NEW PORT RICHEY, FL 34653  
City, State & Zip

727-267-9920  
Daytime Telephone number

hidingplace2000@gmail.com  
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: THE HIDING PLACE RECOVERY MINISTRY INC

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:

7326 KAUAI LOOP #1A

NEW PORT RICHEY, FL 34653

Mailing address, if different is:

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: To provide a ministry through hosting men and women conferences where Jesus Christ  
will be presented as a source of encouragement and to also write a book sharing the last twelve  
years of ministry of the founders                      with her deceased husband.

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

Those who believe in the purpose of this ministry and are believers in Jesus Christ and will be elected at a board meeting

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

Name and Title: Carolyn Daniel, President

Address: 7326 Kauai Loop #1A  
New Port Richey, Fl 34653

Name and Title: DENIASWAN-TREASURER

Address: 150 SUNKEN FOREST DRI  
FORSYTH, MO 65653

Name and Title: ED HILTON/SECRETARY

Address: 4249B S APPLETON DR  
SPRINGFIELD MO 65810

Name and Title: MICHELE ODELL/DIRECTOR

Address: 236 RAVENWOOD DR  
CAMENDENTON, MO 65020

Name and Title: LARRY JOHNSON/VICE PRESIDENT

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

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

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

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

13 OCT 29 PM 3:05

FILED

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: Carolyn Daniel

Address: 7326 Kauai Loop #1A  
New Port Richey, Fl 34659

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carolyn Daniel

Address: 7326 KAUAI LOOP #1A  
NEW PORT RICHEY FL 34653

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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*

Carolyn J. Daniel  
Required Signature of Registered Agent

10/23/13  
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.*

Carolyn J. Daniel  
Required Signature of Incorporator

10/23/13  
Date