

N/3000009996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

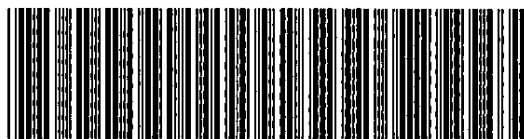
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DIVISION OF CORPORATIONS  
13 NOV -4 PM 12:08

Sh 11-573

## COVER LETTER

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

SUBJECT: **Father Nelson Pinder Foundation, 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: **Crystal Priester**

Name (Printed or typed)

**2632 Marquise Court**

Address

**Orlando, FL 32805**

City, State & Zip

**407.342.0889**

Daytime Telephone number

**crystalpriester2@hotmail.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV -4 PM 12:04

**ARTICLE I    NAME**

The name of the corporation shall be: Father Nelson Pinder Foundation, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

2632 Marquise Court

Orlando, FL 32805

Mailing address, if different is:

P.O. Box 3825

Orlando, FL 32802-3825

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The FATHER NELSON PINDER FOUNDATION, INC. is organized to provide a safe and healthy environment for families in Central Florida to learn, grow and become self-sufficient.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: The Board of  
Directors are elected by the members of the board.

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

Name and Title: Nelson Pinder, President

Address: 2632 Marquise Court  
Orlando, FL 32805

Name and Title: Sumner Hutcheson, VP

Address: 1799 Rachels Ridge Loop  
Ocoee, FL 34761

Name and Title: Sherry Paramore, Treasurer

Address: 1644 Whitney Isles Drive  
Windermere, FL 34786

Name and Title: Jane Tracy, Secretary

Address: 16 E. Harvard Street  
Orlando, FL 32804

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

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

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

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

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: Crystal Priester

Address: 2632 Marquise Court  
Orlando, FL 32805

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Crystal Priester

Address: 2632 Marquise Court  
Orlando, FL 32805

*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*

Crystal Priester  
Required Signature of Registered Agent

10/17/2013  
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.*

Crystal Priester  
Required Signature of Incorporator

10/17/2013  
Date