

**N14000002837**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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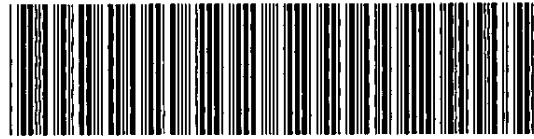
(Business Entity Name)

(Document Number)

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

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*π* 03/25/14

## COVER LETTER

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

SUBJECT:

Broken Heart Christian Center, 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:

Charlotte Ashley-Kenya Bowie  
Name (Printed or typed)

4532 Chaparral Chaparral Lane  
Address

Tallahassee Florida 32303  
City, State & Zip

(850) 405-2306  
Daytime Telephone number

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)

Christian

**ARTICLE I NAME**

The name of the corporation shall be:

Broken Heart ~~Christian~~ Center, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4532 Chaparral Lane  
Tallahassee, FL 32303

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Equip, educate the  
body Christ thru praying.  
Educating in spiritual

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**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

~~appointed~~ by the pastor of the church.

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

~~DEC~~

Name and Title: Willie Reynolds

Address:

112 Fleetwood Dr.  
Tallahassee, FL 32303

Name and Title: Minister Kendrick K. Boal

Address:

3006 B Jim Lee Rd  
Tallahassee, FL 32301

~~Evangelist~~

Name and Title: Pamela Please

Address:

5260 Burstberry Dr.  
Tallahassee, FL 32305

Name and Title: Minister Duhart, JR

Address:

324 N. MLK Sp Blvd  
Tallahassee, FL 32301

~~Minister~~

Name and Title: Min. Badgland

Address:

8323 Mission Rd.  
Tallahassee, FL 32301

Name and Title: Pastor Calissa Harris

Address:

1010 N. Macomb St.  
Tallahassee, FL 32303

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:

Address:

Charlotte Bouie  
4532 Chaparral  
Tallahassee, FL 32303

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FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

Charlotte Bouie  
4532 Chaparral Lane  
Tallahassee, Florida 32303

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

Date

03/25/2014

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

Date

03/25/2014