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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

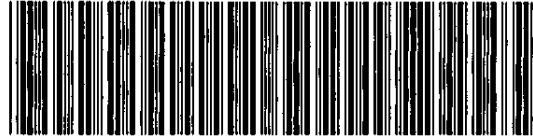
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 PM 2:29

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AND  
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## COVER LETTER

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

SUBJECT: 2nd CHANCE COMMUNITY MISSIONS, 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: BARBRA ANN JACKSON  
Name (Printed or typed)

1849 LINCOLN AVENUE  
Address

SANFORD, FLORIDA 32771  
City, State & Zip

407-431-6329  
Daytime Telephone number

Socialactivist1949@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: 2nd CHANCE COMMUNITY MISSIONS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

1849 LINCOLN AVENUE

SANFORD, FLORIDA

32771

Mailing address, if different is:

**ARTICLE III    PURPOSE**

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

To provide diversified ministries to Sanford, Florida's residents, churches and community, doing business as CHARITABLE ORGANIZATION. Dissolution of assets

will be donated to a like-minded non-profit organization.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Self-appointed president. Initial officers selected by president on a volunteer basis

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

Name and Title: BARBRA ANN JACKSON, PRESIDENT

Address: 1849 LINCOLN AVENUE  
SANFORD, FLORIDA  
32771

Name and Title: BERNARD MITCHELL, VICE PRESIDENT

Address: 819 EAST 1ST STREET  
SANFORD, FLORIDA  
32771

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

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

Name and Title: EILEEN HOUSTON, SECRETARY

Address: 2169 DEER HOLLOW CIRCLE  
LONGWOOD, FLORIDA  
32779

Name and Title: BEVERLY WALLACE, TREASURER

Address: 3051 MCKINLEY LANE  
SANFORD, FLORIDA  
32771

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 PM 2:29

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

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

Address: \_\_\_\_\_ Address: 14 OCT 17 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: BARBRA ANN JACKSON, FOUNDER

Address: 1849 LINCOLN AVENUE  
SANFORD, FLORIDA 32771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBRA ANN JACKSON, FOUNDER

Address: 1849 LINCOLN AVENUE  
SANFORD, FLORIDA 32771

*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*

Barbra Ann Jackson  
Required Signature of Registered Agent

October 15, 2014

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.*

Barbra Ann Jackson  
Required Signature of Incorporator

October 15, 2014

Date