

N14D000011326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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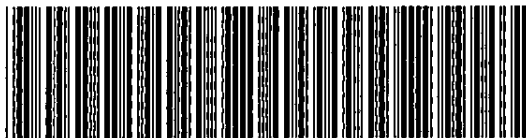
(Business Entity Name)

(Document Number)

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

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14 DEC 12 PM 12:18  
DIVISION OF CORPORATIONS

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AND  
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14 DEC 12 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Hope Henry Family 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: Lucile T. Mizelle  
Name (Printed or typed)

2995 S.W. Cty Rd 242  
Address

Lake City FL 32024  
City, State & Zip

386 752 5062  
Daytime Telephone number

Colira @ Net zero . 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: Hope Henry Family Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

608 S.W.  
Hope Henry st  
Lake City Fl. 32024

Mailing address, if different is:

2995 S.W. City Rd 242  
Lake City, Fl. 32024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: church service (worship)  
community activities

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

Voted groups

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

Name and Title:	<u>James Tunsil, V. Pres</u>	Name and Title:	<u>Lucile Mizelle, P. Pres</u>
Address	<u>2988 S.W. 242</u>	Address:	<u>2995 S.W. City Rd 242</u>
	<u>Lake City, Fl</u>		<u>Lake City, Fl. 32024</u>
	<u>32024</u>		

Name and Title:	<u>Samuel Kicklighter, Tru</u>	Name and Title:	<u>Arrive L. Wade - Tru</u>
Address	<u>608 S.W.</u>	Address:	<u>608 S.W.</u>
	<u>Hope Henry st</u>		<u>Hope Henry st</u>
	<u>Lake City, Fl. 32024</u>		<u>Lake City, Fl. 32024</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

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FILED  
AND  
APPROVED  
CLERK  
FLORIDA

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:

Lucile T. Mizelle

Address:

2995 S.W. City Rd 242  
Lake City, FL 32024

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Hope Henry Family Center, Inc.

Address:

608 S.W. Hope Henry St  
Lake City, FL 32024

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

Lucile T. Mizelle  
Required Signature of Registered Agent

12/12/14  
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.

Lucile T. Mizelle  
Required Signature of Incorporator

12/12/14  
Date