N15000003146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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03/27/15

COVER LETTER

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

Dear Sir or Madam:

The enclosed "Application by Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sheila D. Kovacs
Freedom Christian Counseling Center
4525 Apollo Road
Titusville, FL 32780

SUBJECT: Freedom Christian Counseling 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: Sheila D. Kovacs
4525 Apollo Road
Titusville, FL 32780
321-794-4260
Skovacs51@gamil.com

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:

Freedom Christian Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE Principle Street Address: (Same Mailing Address)

4525 Apollo Road
Titusville, FL 32780

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This organization is formed for the express purpose of charitable, religious, counseling and educational purposes and for the purposes of making and receiving distributions to organizations that qualify as not for profit organizations.

Specific Purpose:

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

The manner in which the directors are elected initially is that they are personally selected by the President considering their occupation, leadership qualities, and relationship to the Counseling Center, i.e. belief in the purpose and counseling methods of the center. Upon such time as a member of the Board of Directors resigns or needs to be replaced, the remaining Directors will elect a replacement by manner of quorum.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Address	Sheila Kovacs, President 6440 Banks Avenue Cocoa, FL 32927
Name and Title: Address:	Peggy Collier 1215 Flagstone Drive Daytona Beach, FL 32118
Name and Title:	Monica Waddell, Secretary 4825 Walton Avenue Titusville, FL 32780
Name and Title:	Frank Kovacs, Director 6440 Banks Avenue Cocoa, FL 32927
Name and Title:	Victoria Collier, Director 1215 Flagstone Drive Daytona Beach, FL 32118

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Name and Title: William Wyatt
1660 Thoreau Street
Titusville, FL 32780

ARTICLE VI REGISTERED AGENT

The **name and Florida Street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Sheila Kovacs
6440 Banks Avenue
Cocoa, FL 32927

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sheila Kovacs
6440 Banks Avenue
Cocoa, FL 32927

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

Sheila D. Kovacs
Required Signature of Registered Agent

3/20/2015
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.

Sheila D. Kovacs
Required Signature of Incorporator

3/20/2015
Date