

N 15 000006790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

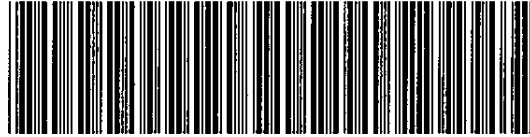
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600274576096

07/08/15--01011--008 \*\*78.75

FILED  
2015 JUL -8 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*SW*

*7/16/15*

## COVER LETTER

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

SUBJECT: DISABLED COMMUNITY OUTREACH PROGRAM, 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: KATHERINE MANALY  
Name (Printed or typed)

388 ESTERO CT.  
Address

SAFETY HARBOR FL. 34695  
City, State & Zip

727-791-7680  
Daytime Telephone number

THEATREGIRL2@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: DISABLED COMMUNITY OUTREACH PROGRAM, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

388 ESTERO CT.

SAFETY HARBOR,

FL. 34695

Mailing address, if different is:

801 W. BAY DR. - #401

LARGO

FL. 33770

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE TEMPORARY AND TRANSITIONAL HOUSING FOR QUALIFIED DISABLED PERSONS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: APPOINTED

By the bylaws

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

Name and Title: KATHERINE MANALY-FOUNDER Name and Title: RON ACTON -DIR.

Address: 388 ESTERO CT. Address: 800 HINCKLEY BLVD.  
SAFETY HARBOR JACKSON  
FLA. 34695 MT. 49203

Name and Title: JUDITH E. BURTON -DIR. Name and Title: \_\_\_\_\_

Address: 1315 5<sup>TH</sup> TERR., N.W. Address: \_\_\_\_\_  
LARGO \_\_\_\_\_  
FL. 33770 \_\_\_\_\_

Name and Title: TERESA L. HICKS -DIR. Name and Title: \_\_\_\_\_

Address: 1685 KENTS RIDGE RD. Address: \_\_\_\_\_  
CEDAR BLUFF \_\_\_\_\_  
VA. 24609 \_\_\_\_\_

FILED  
2015 JUL -8 AM 10:05  
CLERK OF DISTRICT COURT  
JACKSON

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: Charlene Emmett

Address: 801 W Bay Drive, #401

Largo, FL 33770

**ARTICLE VII INCORPORATOR**

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

Name: Katherine Manaly

Address: 388 Estero Ct

Safety Harbor 34695

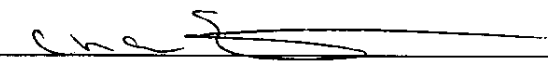
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/22/15  
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.*

  
Required Signature of Incorporator

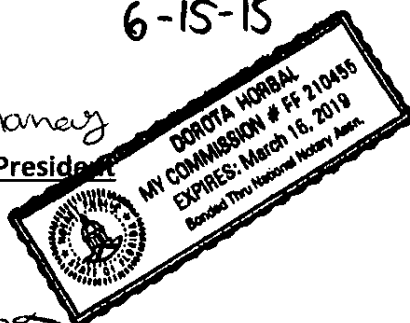
6/22/15  
Date

section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Sixth: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county of which the principal office of the corporation is then located, exclusively to such purposes or such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

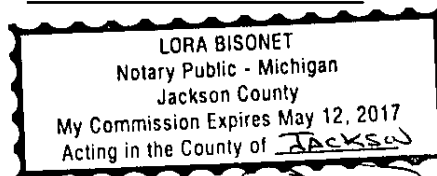
In witness whereof, we have hereunto subscribed our names this day of 6/27<sup>th</sup>, 2015.

Katherine Manaly  
Katherine Manaly - President



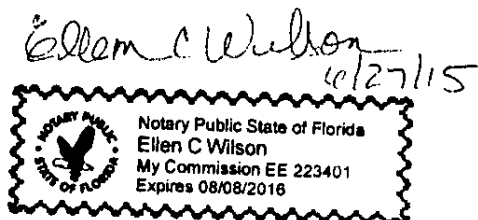
Judith Burton  
Judith Burton - Secretary

Ron Acton  
Ron Acton - Vice-President 6-19-15



Teresa Hicks  
Teresa Hicks - Treasurer

Teresa Hicks



State of Virginia County of Tazewell  
Subscribed and sworn before me on June 23, 2015  
(Date)  
Brenda Lou Griffith  
(Notary Signature)

Brenda Lou Griffith  
BRENDA LOU GRIFFITH  
NOTARY PUBLIC 7254484  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES 02-28-2017