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OCT 19 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2015

LESLEA T. PICKLE  
7352 NAVARRE PARKWAY SUITE 6  
NAVARRE, FL 32566

SUBJECT: PREGNANCY RESOURCE CENTER NAVARRE INC.  
Ref. Number: W15000064807

We have received your document for PREGNANCY RESOURCE CENTER NAVARRE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 115A00020576

## COVER LETTER

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

**SUBJECT:** Pregnancy Resource Center Navarre 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:** Leslea T. Pickle

Name (Printed or typed)

7552 Navarre Parkway Suite 6

Address

Navarre, Florida 32566

City, State & Zip

850-776-7565

Daytime Telephone number

prcofnavarre@yahoo.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: Pregnancy Resource Center Navarre Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7552 Navarre Parkway Suite 6  
Navarre, Florida 32566

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The organization is organized exclusively for charitable, religious and educational purposes within the meaning of 501 (c) (3) of the Internal Revenue Code, including but not limited to promoting the sanctity of human life through providing life-affirming reproductive health education, medical services and consultations, parenting, life skills and healthy relationship education, community referrals and social support services

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Stated in the by-laws.

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

Name and Title:	<u>John McCastle, Chairman</u>	Name and Title:	<u>Leslea T. Pickle, CEO</u>
Address	<u>1483 Homeport Drive</u> <u>Navarre, Florida 32566</u>	Address:	<u>2997 Via Conquistadores</u> <u>Navarre, Florida 32566</u>
Name and Title:	<u>Dr. Katherine Semmes, Director</u>	Name and Title:	
Address	<u>1810 Winston Avenue</u> <u>Navarre, Florida 32566</u>	Address:	
Name and Title:	<u>Maryann Watts, Director</u>	Name and Title:	
Address	<u>1914 Melissa Oaks Drive</u> <u>Gulf Breeze, Florida 32563</u>	Address:	

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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: Leslea T. Pickle

Address: 7552 Navarre Pkwy Ste 6  
Navarre, Florida 32566

**ARTICLE VII INCORPORATOR**

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

Name: Leslea T. Pickle

Address: 7552 Navarre Pkwy Ste 6  
Navarre, Florida 32566


**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

8 Oct 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

8 Oct 15  
Date