

N160000000373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

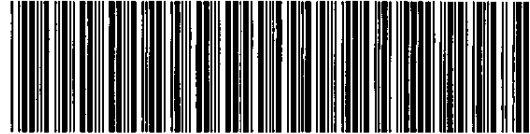
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200280059972

01/05/16--01017--002 **70.00

FILED
16 JAN -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 5 2016
S. PRATHER

COVER LETTER

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

SUBJECT: Christian Higher Education Funding Associates, 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: Larry D. Moulds

Name (Printed or typed)

12033 92nd Way

Address

Largo, FL 33773

City, State & Zip

727.692.6531

Daytime Telephone number

docmoz@wowway.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: Christian Higher Education Funding Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12033 92nd Way, Largo, FL 33773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop financial support programs for private faith-based higher educational institutions.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry D. Moulds, P, T, & Director

Name and Title: _____

Address: 12033 92nd Way, Largo, FL 33773

Address: _____

Name and Title: Jeffrey J. Wiebe, Secretary & Director

Name and Title: _____

Address: 2109 Hammock Pine Blvd.
Clearwater, FL 33761

Address: _____

Name and Title: David Northcutt, Director

Name and Title: _____

Address: 385 N. Carolina Ave.
Palm Harbor, FL 34682

Address: _____

SECRET
JAN 5 1981

16 JAN -5 AM 9:16

FILED

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: Larry D. Moulds

Address: 12033 92nd Way

Largo, FL 33773

ARTICLE VII INCORPORATOR

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

Name: Larry D. Moulds

Address: 12033 92nd Way

Largo, FL 33773

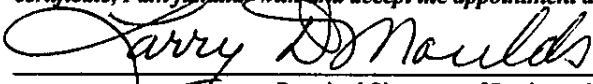
ARTICLE VIII EFFECTIVE DATE:

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

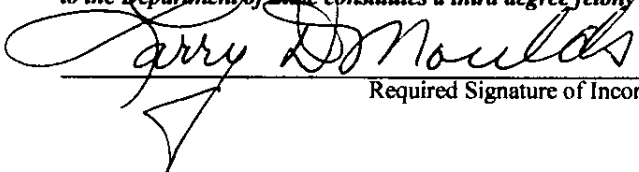


Required Signature of Registered Agent

12/28/2015

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.



Required Signature of Incorporator

12/28/2015

Date

FILED
16 JAN -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA