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16 NOV 16 17:59:59

STATE  
BIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2016

DESTINY COMMUNITY OUT-REACH & RESOURCE CENTER  
2909 HARSON WAY  
FT. PIERCE, FL 34946

SUBJECT: DESTINY COMMUNITY OUT REACH & RESOURCE CENTER  
Ref. Number: W16000064760

We have received your document for DESTINY COMMUNITY OUT REACH & RESOURCE CENTER 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 216A00020083

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16 NOV 14 PM 5:59

16 NOV 14 PM 5:59



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

16 NOV 14 PM 12:50

October 31, 2016

DESTINY COMMUNITY OUT-REACH & RESOURCE CENTER INC  
2909 HARSON WAY  
FT PIERCE, FL 34946

SUBJECT: DESTINY COMMUNITY OUT-REACH & RESOURCE CENTER INC  
Ref. Number: W16000073779

We have received your document for DESTINY COMMUNITY OUT-REACH & RESOURCE CENTER 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 registered agent must have a Florida street address. A post office box is not acceptable.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 116A00023372

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STATE  
CORPORATIONS  
DIVISION

## COVER LETTER

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

SUBJECT: Destiny Community Out-Reach + Resource Center  
(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: Destiny Community Out-Reach + Resource Center  
Name (Printed or typed)

2909 Harsonway  
Address

Ft. Pierce, FL 34946  
City, State & Zip

772. 461. 8974  
Daytime Telephone number

VictoriaKelly8202@aatt.net  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

16 NOV 14 PM 5:59

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NOV 16 2014  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Destiny Community Out Reach + Resource Center  
INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2909 Harsonway  
Fort Pierce, FL 34946

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Destiny Community Out Reach + Resource purpose is to mentor at-risk youth and parents the opportunity to participate in educational, cultural, athletics, + Community enrichment activities & events; to build confidence and self-esteem to encourage young men and women to say "no" to gangs, drugs, and violence, and "yes" to moral values, their dreams and to reap the benefits of a better life as they strive to implement strength, knowledge, wisdom, faith and spiritual growth to become a

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: productive member in society.  
appointed

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

Name and Title: President: Victoria  
Address: Rolle - Kelly  
2909 Harsonway  
Fort Pierce, Fla. 34946

Name and Title: Treasurer: ENA Stewart  
Address: P.O. Box 1753  
Ft. Pierce, FL  
34954-1753

Name and Title: Board Member +  
Address: Secretary  
Kennithia Gilchrist-  
Williams

Name and Title: Community Advocate + Chaplain  
Address: Ronald Minnis  
P.O. Box 1753  
Ft. Pierce, FL 34954-1753

Name and Title: P.O. Box 1753  
Address: Ft. Pierce, FL  
34954-1753

Name and Title: Board Member  
Address: Teleshia Mincey-Jones  
P.O. Box 1753  
Ft. Pierce, FL 34954-1753

Board Member  
Name and Title: Harriett Bell

Address: P.O. Box 1753  
Ft. Pierce, FL  
34954-1753

Board Member

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Board member:

Name and Title: Joann McKinnon

Address: P.O. Box 1753  
Ft. Pierce, FL  
34954-1753

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Kennithia Gilchrist-Williams

Address:

2875 Bonita Street  
Stuart, FL 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Victoria Rolle-Kelly

Address:

2909 Harsonway  
Ft. Pierce, FL 34946

**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

Kennithia Gilchrist-Williams  
Required Signature of Registered Agent

9-12-16  
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.

Victoria Rolle-Kelly  
Required Signature of Incorporator

9-12-16  
Date

FILED  
CLERK OF DISTRICT COURT  
16 NOV 14 PM 5:59