

# N11000009118

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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17-SEP-1 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: GREATER FOUNTAIN OF LIFE COMMUNITY 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: PERCY CLAUDE DAYS JR  
Name (Printed or typed)

223 BISHOP DRIVE  
Address

GAINESVILLE FL 32607  
City, State & Zip

352-871-2958 CELL PHONE  
Daytime Telephone number

drpercydaysjr@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: Greater FOUNTAIN OF Life Community Center INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

928 S.E. Williston Rd  
Gainesville, FL  
32641

Mailing address, if different is:

928 S.E. Williston Road  
Gainesville, FL  
32641

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: the Greater Fountain of Life Community Center<sup>INC</sup> is A Life Changing Church meeting people where they are through the preaching and teaching of the word of God, according to Psalms 36:9 For with thee is the Fountain of Life, in thine light shall we see light. to bring people to the light through the word of life.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: the Board of directors will be appointed based on their Faithfulness + Loyalty to the church ministry, Greater Fountain of Life Community Center INC.

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

Director/Bishop  
Name and Title: Percy C. Days Jr  
Address: 223 Bishop drive  
Gainesville, FL  
32607

Asst  
Name and Title: Leola Days Director  
Address: 223 Bishop drive  
Gainesville, FL  
32607

Name and Title: Fredricka McCullough  
Address: 75 SW 75th St  
Gainesville, FL Apt E-9  
32607

Name and Title: ALTON LANG  
Address: 75 SW 75th St  
Gainesville, FL D-15  
32607

Name and Title: Dexter Robinson  
Address: 508 King Court  
Gainesville, FL  
32607

Name and Title: Percy C. Days III  
Address: 272 Bishop drive  
Gainesville, FL  
32607

17 SEP - 1 PM 12:48  
SECTION 17.50  
TALLAHASSEE FLORIDA  
DEPT OF STATE

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:

Percy C. Days Jr.

Address:

223 Bishop Drive  
GAINESVILLE, FL 32607

17-SEP-17 PM 12:42  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Percy C. Days Jr.

Address:

223 Bishop Drive  
GAINESVILLE, FL 32607

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/25/17 (OPTIONAL)

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

Percy C. Days Jr. / Percy C. Days Jr.  
Required Signature of Registered Agent

8/25/17  
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.

Percy C. Days Jr. / Percy C. Days Jr.  
Required Signature of Incorporator

8/25/17  
Date