

N18000003599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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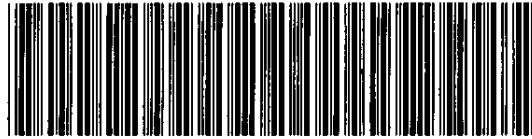
(Business Entity Name)

(Document Number)

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2018 MAR 30 PM 3:52
TALLAHASSEE, FLORIDA

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2018 MAR 30 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2018

K. Brumbley

COVER LETTER

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

SUBJECT: Christian Compassion Community Foundation Corp.
(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: Stanley Hough
Name (Printed or typed)

5065 200th Trail North
Address

Loxahatchee, Fl. 33470
City, State & Zip

561-333-7256
Daytime Telephone number

live wireproduction@hotmail.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 Compassion Community Fovndation Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5065 200th Trail North
Loxahatchee, Fl. 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: helping widows & orphans,
Helping homeless and hungry. Helping sexually
abused children.

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Stanley Hough/Pres.</u>	Name and Title:	_____
Address	<u>5065 200th Trail North</u> <u>Loxahatchee, Fl. 33470</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 30 PM 4:37

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: Stanley Hough
Address: 5065 200th Trail North
Loxahatchee, Fl. 33470

ARTICLE VII INCORPORATOR

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

Name: Stanley Hough
Address: 5065 200th Trail North
Loxahatchee, Fl. 33470

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 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

Stanley Hough
Required Signature of Registered Agent

3-30-18
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.

Stanley Hough
Required Signature of Incorporator

3-30-18
Date