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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

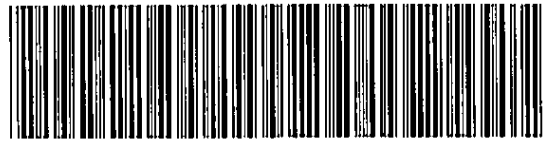
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 30 AM 6:23
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Christian Counseling Associates of Ocala, 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: Christian Counseling Associates of Ocala c/o Debra Rountree
Name (Printed or typed)

1520 NE 14th Street

Address

Ocala, Florida 34470-4638

City, State & Zip

352-622-6292

Daytime Telephone number

ccaocala@gmail.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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 30 AM 6:23
STATE OF FLORIDA
FALLAHASSEE

ARTICLE I NAME

The name of the corporation shall be: Christian Counseling Associates of Ocala, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different

1520 NE 14th Street

Ocala, Florida 34470-4638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Christian Counseling Associates of Ocala, Inc. is organized exclusively for charitable/religious purposes that qualify as exempt organizations under section 501(c)3 of the Internal Revenue Service Code, or the corresponding section of any future federal tax code.

Christian Counseling Associates of Ocala, Inc. exists to extend the love of Christ by providing competent mental health counseling. We strive to provide hope and help to those in need of restoration of the mind and spirit.

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

Associates of Ocala, Inc. Board of Trustees shall be composed of six (6) members, two (2) of whom shall be elected each year. Two (2) persons will be nominated by the Nominating Committee of the Marion Baptist Association (FL) and elected by the Association at the Semi-Annual Meeting to serve a three (3) year term.

The Executive Director, appointed by the Marion Baptist Association (FL), is answerable to the Board of Trustees. +

ARTICLE V NON-PROFIT STATUS

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No member or individual shall have any interest or claim in any of the net earnings or assets of the Corporation.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE VI DISSOLUTION OF ASSETS

In the event of a dissolution of this Corporation, after the bills and obligations have been satisfied, or arrangements provided therefor, the remaining assets of the Corporation shall be distributed as directed by the Executive Committee of the Marion Baptist Association (Florida).

ARTICLE VII INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Stanley H. Hannan, Chairman</u>	Name and Title:	<u>Christopher M. Gilliam, Trustee</u>
Address:	<u>9701 E Hwy 25, #167</u>	Address:	<u>2134 NE 7th Street</u>
	<u>Belleview, FL 34420-7464</u>		<u>Ocala, FL 34470</u>
Name and Title:	<u>Ronald S. Walker, Trustee</u>	Name and Title:	<u></u>
Address:	<u>10341 SE 69th Avenue</u>	Address:	<u></u>
	<u>Belleview, FL 34420</u>		<u></u>

ARTICLE VIII REGISTERED AGENT

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

Name: Debra P. Rountree

Address: 3508 E Fort King St

Ocala, FL 34470-1213

DEPARTMENT OF STATE
 DIVISION OF CORPORATION
 19 JUL 30 AM 6:23
 TALLAHASSEE, FLORIDA

ARTICLE IX INCORPORATOR

The name and address of the Incorporator is:

Name: Jose A. Salmeron

Address: 8908 SE 87th Terrace

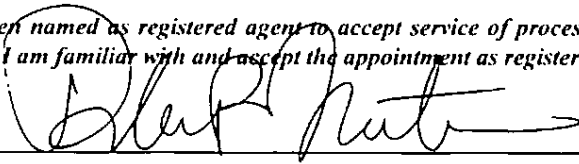
Ocala, FL 34472-3038

ARTICLE X 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

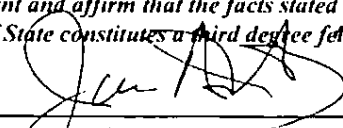


Required Signature of Registered Agent

7-26-19

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

7-26-19

Date