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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

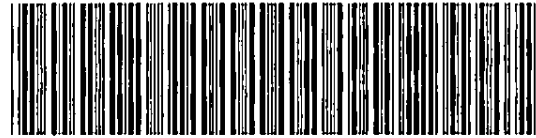
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: RECOVERY LIBERIA, 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: JAMES R. WHITE
Name (Printed or typed)

1019 Bonita Drive
Address

Pensacola, FL 32507
City, State & Zip

850-4191141
Daytime Telephone number

jrwhite25@juno.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)

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ARTICLE I NAME
The name of the corporation shall be: RECOVERY LIBERIA, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
1019 Bonita Drive
Pensacola, FL 32507

(Same)

Mailing address, if different from principal office:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create and support ongoing teaching and recovery programs to bring healing to problems arising as aftermath of the Liberian Civil War. Works and ministries to be created include the following, but are not limited to them: 1) Expanding small recovery units, e.g., Celebrate Recovery. 2) Creating / supporting residential treatment centers for both genders. 3) Teaching psychology of addictions at universities and Christian seminaries and educating in secondary schools. 4) Mitigating and preventing a culture of rape and early teen pregnancies. Other initiatives will be created as observation requires. In the event of the demise of Recovery Liberia Inc. for any reason, Operation Classroom Inc., a 501c3 corporation, Federal Employer Identification Number 20-2128210, will accept the disbursement of all residual assets.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. James R. White - President & CEO</u>	Name and Title:	<u>Carolyn S. White - Director</u>
Address	<u>1019 Bonita Drive</u> <u>Pensacola, FL 32507</u>	Address:	<u>1019 Bonita Drive</u> <u>Pensacola, FL 32507</u>
Name and Title:	<u>Joseph Wagner, Vice President & PR</u>	Name and Title:	<u>Anne Girton Kumeh, Treasurer & CFO</u>
Address	<u>8326 N. 700 W</u> <u>Thorntown, IN 46071</u>	Address:	<u>105 W. Beech St.,</u> <u>Ambia, IN 47917</u>
Name and Title:	<u>Daniel Loffredo - Director</u>	Name and Title:	<u>Lester Wells - Director & Secretary</u>
Address	<u>4021 Percival Road #1511</u> <u>Columbia, SC 29229</u>	Address:	<u>12 Del Cerro Camino</u> <u>Crestview, FL 32539</u>

Name and Title:	<u>Eleanor Pershing - Director</u>	Name and Title:	<u>Katherine Justice - Director</u>
Address	<u>10 Carlyle Dr.</u>	Address:	<u>5132 Choctaw Avenue</u>
	<u>Frankfort, IN 46041</u>		<u>Pensacola, FL 32507</u>
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: Dr. James R. White

Address: 1019 Bonita Drive

Pensacola, FL 32507

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Dr. James R. White

Address: 1019 Bonita Drive

Pensacola, FL 32507

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2022. (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

James R. White
 Required Signature of Registered Agent

Nov. 16.2021
 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.

James R. White
 Required Signature of Incorporator

Nov 16, 2021
 Date