## N24000006720

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Селіfied Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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03/27/24--01020--002 \*\*87.50

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

<u> ARTICLE II</u>	PRINCIPAL OFFICE			
Principal <u>street</u> address: 4812 COVENANT CIRCLE		SAN	Mailing address, if different is:	
РАС	EE, FL 32571			
The purpose f	T PURPOSE  For which the corporation is organized is:  URCES FOR WOMEN AND THEIR FAM		HRIST-CENTERED COMMUNITY	OF SUPPO
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	<del> </del>			
(RTICLE IV	MANNER OF ELECTION The man	wer in which the dire	ectors are elected and appointed:	.AWS
RTICLE IV	MANNER OF ELECTION The man	mer in which the dire	ectors are elected and appointed: BY-L	.AWS
			ectors are elected and appointed:	.AWS
RTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS		.AWS
IRTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS  Name and Title	MICHELLE MEDEIROS, VICE 6090 WINCHESTER CIRCLE	.AWS
RTICLE V	INITIAL OFFICERS AND/OR DIREC STEPHANIE LEVIER, CHAIR e:	CTORS	MICHELLE MEDEIROS, VICE	AWS
RTICLE V	INITIAL OFFICERS AND/OR DIREC e: STEPHANIE LEVIER, CHAIR 6353 BENELLI DRIVE	CTORS  Name and Title	MICHELLE MEDEIROS, VICE 6090 WINCHESTER CIRCLE	
RTICLE V Name and Titl	INITIAL OFFICERS AND/OR DIRECT STEPHANIE LEVIER, CHAIR 6353 BENELLI DRIVE MILTON, FL 32570 CHERYL THOMAS, TREASURER	ETORS  Name and Title  Address:	MICHELLE MEDEIROS, VICE  6090 WINCHESTER CIRCLE  MILTON, FL 32570	#
Name and Titl Address	INITIAL OFFICERS AND/OR DIRECT STEPHANIE LEVIER, CHAIR 6353 BENELLI DRIVE MILTON, FL 32570 CHERYL THOMAS, TREASURER	Name and Title Address: Name and Title	MICHELLE MEDEIROS, VICE  6090 WINCHESTER CIRCLE  MILTON, FL 32570	#
Name and Titl Address	e: CHERYL THOMAS, TREASURER	ETORS  Name and Title  Address:	MICHELLE MEDEIROS, VICE 6090 WINCHESTER CIRCLE MILTON, FL 32570 AUDREY SEWELL, SECRETARY	#
Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTES.  STEPHANIE LEVIER, CHAIR  6353 BENELLI DRIVE  MILTON, FL 32570  CHERYL THOMAS, TREASURER  4948 PINEVIEW RIDGE DRIVE	Name and Title Address: Name and Title	MICHELLE MEDEIROS, VICE 6090 WINCHESTER CIRCLE MILTON, FL 32570  AUDREY SEWELL, SECRETARY 6021 AUDUBON DRIVE	#
Name and Title Address Name and Title Address	E: STEPHANIE LEVIER, CHAIR 6353 BENELLI DRIVE MILTON, FL 32570  CHERYL THOMAS, TREASURER 4948 PINEVIEW RIDGE DRIVE PACE, FL 32571	Name and Title Address: Name and Title Name and Title Address:	MICHELLE MEDEIROS, VICE 6090 WINCHESTER CIRCLE MILTON, FL 32570  AUDREY SEWELL, SECRETARY 6021 AUDUBON DRIVE PENSACOLA, FL 32504	
ARTICLE V  Name and Titl  Address  Name and Titl  Address	INITIAL OFFICERS AND/OR DIRECTES.  STEPHANIE LEVIER, CHAIR  6353 BENELLI DRIVE  MILTON, FL 32570  CHERYL THOMAS, TREASURER  4948 PINEVIEW RIDGE DRIVE	Name and Title Address:  Name and Title Address:  Name and Title Address:	MICHELLE MEDEIROS, VICE 6090 WINCHESTER CIRCLE MILTON, FL 32570  AUDREY SEWELL, SECRETARY 6021 AUDUBON DRIVE PENSACOLA, FL 32504	

Name and Title	KRISTIN O'BRYAN, DIRECTOR	Name and Title:	
Address	4812 COVENANT CIRCLE		
	PACE, FL 32571		
Name and Title	:	Name and Title:	
Address			
(DTICLE VI	DECIGRODED (COAM		
he name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	KRISTIN O'BRYAN		
Address:	4812 COVENANT CIRCLE		
	PACE, FL 32571		
		<del></del>	it.
	INCORPORATOR address of the Incorporator is:		:
Name:	KRISTIN O'BRYAN		-
Address:	4812 COVENANT CIRCLE		
	PACE, FL 32571		(;;·
IRTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	C
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.)
tote: If the da locument's effe	te inserted in this block does not meet the ective date on the Department of State's r	applicable statutory filing requirements, thi ecords.	is date will not be listed as the
laving been pe ertificate, Lam	amed as registered agent to accept servic familiar with and accept the appointment	e of process for the above stated corporati as registered agent and agree to act in this	ion at the place designated in the capacity
$\langle a \rangle$	isalin		28 MAY 2024
	Required Signature of Register	d Agent	Date
submit this do	cument and affirm that the facts stated he of State constitutes a third degree felony i	vein are true. I am aware that any false infor	mation submitted in a document
	of State Constitutes it turn degree Jeimy I	s provinca for in 5.61 /.125, 155,	

## **ARTICLE IX**

UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE, ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED EXCLUSIVELY FOR SUCH PURPOSES.