

N96000006340

Stockholder's Name

2227 Goby Rd #218

College Park, MD

City/State/Zip

Phone #

3B99

000001929130  
-08/22/96--01003--005  
\*\*\*\*131.25 \*\*\*\*131.25

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

56 OCT 12 AM 9:20

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

302

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

8/20/96  
TR  
W96-17676  
6/19  
6/15

5/12/2

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 22, 1996

BLACK INT'L CHAMBER OF COMMERCE  
2227 GODBY ROAD STE 218  
COLLEGE PARK, FL 30349

SUBJECT: POLK COUNTY DEVELOPMENT, INC.  
Ref. Number: W96000017676

We have received your document for POLK COUNTY DEVELOPMENT, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 996A00039961



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 9, 1996

POLK COUNTY RENEWAL CENTER, INC.  
2227 GODBY ROAD STE 218  
COLLEGE PARK, FL 30349

We have received your document for POLK COUNTY RENEWAL CENTER, INC.  
. However, the enclosed document has not been filed and is being returned to  
you for the following reason(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles  
of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 596A00041834

ARTICLES OF INCORPORATION  
OF  
Polk County Renewal Center, Inc.

- ONE: The name and address of the principal corporation is Polk County Renewal Center, Inc., 2311 Mammoth Grove Road, Lakewales, FL 33850, Polk County. The corporation is organized pursuant to the FLORIDA Nonprofit Corporation Code.
- TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The program will consist of, but shall not be limited to: Job training, Job Placement, Land Acquisition, Housing, Employment, Literacy, Counseling, Temporary Shelter Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.
- THREE: The duration of this corporation shall be perpetual, no stock, and shall have no members.
- FOUR: The address of the Registered office is 2311 Mammoth Grove Road, FL 33850 and the name of the registered agent of the corporation shall be Bobby Banks, Sr. Bobby Banks Sr, hereby accepts the designation as registered agent.
- FIVE:
- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

SIX: The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Bobby Banks, Sr. President	2311 Mammoth Grove Road Lakewales, FL 33850
Gloria Banks Secretary	2311 Mammoth Grove Road Lakewales, FL 33850
Bobby Banks, Jr. Treasurer	2311 Mammoth Grove Road Lakewales, FL 33850

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for Religious, Educational and Charitable under 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 the Court of Common Pleas of the county in which the principal office of the organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

NINE: Executed on August 1, 1996. The name and address of the incorporator of this corporation shall be: Bobby Banks, Sr.

Bobby Banks, Sr.  
2311 Mammoth Grove Road  
Lakewales, FL 33850

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE? REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**Polk County Renewal Center, Inc.**

\_\_\_\_\_  
(must include suffix)

2. The name and address of the registered agent and office is:

**Bobby Banks, Sr.**

\_\_\_\_\_  
(Name)

**2311 Munroth Grove Road**

\_\_\_\_\_  
(P.O. Box or Mail Drop Box NOT Acceptable)

**Lakewales, FL 33850**

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Bobby Banks Sr.*  
(Signature)

11-5-96  
(Date)

96 DEC 12 PM 9:20  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF  
REVENUE