

# N99000001788

## TRANSMITTAL LETTER

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

800002802648--8  
-03/17/99--01023--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: ENTRANCE-ABILITIES, 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: BARBARA WOOD  
Name (Printed or typed)  
6561 SANDSPUR LANE  
Address  
FT. MYERS, FL. 33919  
City, State & Zip  
941-267-7619  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAR 17 AM 10:39

FILED

NOTE: Please provide the original and one copy of the articles.

JP  
3-23-99

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

## ARTICLE I NAME

The name of the corporation shall be:

*Enhance - Abilities, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*GULF COAST CENTER  
5820 BUCKINGHAM Rd.  
FT. MYERS, FL. 33905*

## ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

*A COMMUNITY SERVICE ORGANIZATION TO FACILITATE PARTICIPATION OF PERSONS WITH DISABILITIES IN RECREATION, SOCIAL AND WORK OPPORTUNITIES THAT THEY OTHERWISE WOULD NOT BE ABLE TO TAKE PART.*

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

*The directors will be elected by a majority vote of the general membership present and represented by proxy at the annual meeting.*

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*BARBARA L. WOOD  
6561 SANDSPUR LANE  
ST. MYERS, FL. 33919*

## ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

*BARBARA L. WOOD  
6561 SANDSPUR LANE  
ST. MYERS, FL. 33919*

*Barbara L. Wood, President*

Signature/Incorporator

*3-12-99*

Date

(An additional article must be added if an effective date is requested.)

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.

*Barbara L. Wood, President*

Signature/Registered Agent

*3-12-99*

Date