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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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EFFECTIVE DATE

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EFFECTIVE DATE

OF DEC 31 MIII: 2

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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Personal & Confidential to Diane christian

SUBJECT: FLORIDA COMMUNITY OUTREACH, CORP.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are 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  ADDITIONAL CO	& Certificate of Status	
FROM: _	ROM: DONNA MORTON  Name (Printed or typed)			
635 SPRING OAKS BLVD Address				
ALTAMONTE SPRINGS, FL 32714  City, State & Zip				
407-810-6520				
Daytime Telephone number				
dmorton22@aol.com  E-mail address: (to be used for future annual report notification)				
Effective Dete: 1/1/2010				
NOTE: Please provide the original and one copy of the articles.				
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## FLORIDA COMMUNITY OUTREACH, CORP. DONNA MORTON 635 SPRING OAKS BLVD ALTAMONTE SPRINGS, FL 32714

DISSOLUTION
DOC NO. N0900006718
FLORIDA COMMUNITY OUTREACH, CORP (NON-PROFIT CORP)

I HAVE NO INTENTIONS OF REVOKING THIS DISSOLUTION. THE REASON FOR THIS CHANGE IS I NEED TO HAVE THE COMPANY AS A PROFIT COMPANY INSTEAD OF A NON-PROFIT.

MY INTENTIONS ONCE THIS IS DISSOLVED IS TO REGISTER AS A PROFIT COMPANY.

THANK YOU.

DONNA MORTON

2/12/09

EFFECTIVE DATE
01-01-2010

00 DEC 31 AN 11: 2

## Effective Date: 1/1/2010

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:  HOROA COmmunity Outreach, Co	orp.
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  378 Center Pointe Circle, Ste 1272  Altamonte Springs, the 32714  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  CREDIT REPAIR  LOAN MODIFICATION  ARTICLE IV SHARES  The number of shares of stock is:  (00	Mailing ADDRESS POBOX 160246 Altomonte Springs, 76 32716-0246 EIN# 80-0439566
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  DOMA MORTON, PRESIDENT	EFFECTIVE DATE
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the re  DONA MORTON  635 Spring Oats BWD  Altamonte Springs, IL 32114  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  10000 Morton  635 Spring Oats BWD  635 Spring Oats BWD  Altamonte Springs, IL 32114	
Having been named as registered agent to accept service of process for place designated in this certificate, I am familiar with and accept the agagree to act in this capacity  Signature/Registered Agent	

Date

Signature/Incorporator