

**Application for Recognition of Exemption  
 Under Section 501(c)(3) of the Internal Revenue Code**

Read the instructions for each Part carefully.

**A User Fee must be attached to this application.**

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

**Part I Identification of Applicant**

<b>1a</b> Full name of organization (as shown in organizing document) CRISIS PREGNANCY CENTER OF COASTAL GEORGIA, Inc.		<b>2</b> Employer identification number (If none, see instructions.) 58 : 1967329	
<b>1b</b> c/o Name (if applicable)		<b>3</b> Name and telephone number of person to be contacted if additional information is needed Richard McMinn  (912 ) 267-1744	
<b>1c</b> Address (number, street, and room or suite no.) P.O. Box 1662		<b>4</b> Month the annual accounting period ends June	
<b>1d</b> City or town, state, and ZIP code Brunswick, GA 31521		<b>5</b> Date incorporated or formed 10/31/91	
<b>6</b> Activity codes (See instructions.) 029		<b>7</b> Check here if applying under section: N/A a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k)	
<b>8</b> Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9</b> Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**10** Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.


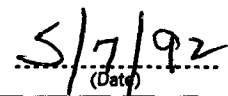
a  Corporation— Attach a copy of your Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate State official; also include a copy of your bylaws.

b  Trust— Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.

c  Association— Attach a copy of your Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of your bylaws.

If you are a corporation or an unincorporated association that has not yet adopted bylaws, check here . . . . .

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here  TREASURER   
 (Signature) (Title or authority of signer) (Date)

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Complete the Procedural Checklist (page 7 of the instructions) prior to filing.

**Part II** Activities and Operational Information

- 1** Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

The Crisis Pregnancy Center of Coastal Georgia, Inc. exists to supply women in crisis pregnancies with support and encouragement necessary to enable them to carry their babies to term. The CPC has been incorporated for four months and seeks to be operational by August 1992.

All services offered are free of charge and include free pregnancy testing, maternity clothes, baby accessories, referrals for low-cost medical and legal help, temporary shelter and ongoing support and friendship. Information is given to each client regarding the facts about her pregnancy, adoption and abortion so she can make an informed choice.

As an evangelical pro-life Christian ministry, the CPC of Coastal Georgia, Inc. exists to provide women in crisis pregnancy with alternatives to abortion and neither performs, promotes or refers for abortion. Rather, alternatives to abortion and support services necessary for women in crisis are given free of charge to enable them to carry their babies to term.

The Crisis Pregnancy Center of Coastal Georgia, Inc. facility will be located in the City of Brunswick, Glynn County, Georgia, and will serve the surrounding six counties. It is governed by a board of ten directors, and operated by an Executive Director.

- 2** What are or will be the organization's sources of financial support? List in order of size.

The Crisis Pregnancy Center of Coastal Georgia, Inc. will be financially supported by the public at large in the following ways: Community area churches through love offerings and monthly gifts, subscribers to the CPC mailing list through monthly gifts, and grants from private charitable foundations and organizations.

- 3** Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.
- The CPC has generated most of its current revenue through a selected mailing which solicits monthly and one time financial gifts. In addition, funds are raised through monthly support of churches as well as love offerings given after a presentation is made in a service. Currently, a fundraising committee is being formed to organize and approach foundations and fund raising events.

**Part II** Activities and Operational Information (Continued)

**4** Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual Compensation
1) Barrie Parker 106 Olympic DR.; St. Simons Island, GA 31522 President	No officer or Board member receives compensation for serving in such a capacity.
2) Patrick K. Eades 3213 Hampton AV.; Brunswick, GA 31520 Vice-President	
3) Richard McMinn 1017 Palmetto AV.; Brunswick, GA 31520 Treasurer	
4) Kim Wilkes 850 Mallory St.; St. Simons Island, GA 31522 Secretary	
5) Paul Stith 209 Glen Meadows Cir.; Brunswick, GA 31525	
6) DR. Bob Davis 105 Strachan Lane; St. Simons Island, GA 31522	
7) Natalie Eades 3213 Hampton AV.; Brunswick, GA 31520	
8) REV Don Johnson 106 Worthing RD.; St. Simons Island, GA 31522	
9) Dana Vaught 106 Coke Street; St. Simons Island, GA 31522	
10) Diana Josey 103 Fiddlers Bend; Brunswick, GA 31520	

**c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
 If "Yes," name those persons and explain the basis of their selection or appointment.

**d** Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See the specific instructions for line 4d.)  Yes  No  
 If "Yes," explain.

**5** Does the organization control or is it controlled by any other organization?  Yes  No  
 Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No  
 If either of these questions is answered "Yes," explain.

The CPC has followed the guidelines of the international Christian Action Council, Education and ministry Fund (CACEMF). The CACEMF, a 501(c)(3) organization, provides training materials, education brochures and consultation on CPC operations. IT has no governing voice in operation of the CPC.

**6** Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?  Yes  No  
 If "Yes," explain fully and identify the other organizations involved.

**7** Is the organization financially accountable to any other organization?  Yes  No  
 If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

**Part II** Activities and Operational Information (Continued)

**8** What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

Currently one computer valued at \$800.

**9a** Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?  Yes  No

**b** Is the organization a party to any leases?  Yes  No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

The CPC expects to lease an office facility in the near future.

**10** Is the organization a membership organization?  Yes  No

If "Yes," complete the following:

**a** Describe the organization's membership requirements, and attach a schedule of membership fees and dues.

As stated in the bylaws, the membership of the CPC is comprised only of those serving on the board of directors. No dues are required of the members.

**b** Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

When a vacancy on the board of directors exists, it is filled from candidates whom the board knows personally and is approved by the remainder of the board.

**c** What benefits do (or will) your members receive in exchange for their payment of dues?

There is no compensation for the work of the board of directors.

**11a** If the organization provides benefits, services or products, are the recipients required, or will they be required, to pay for them?  N/A  Yes  No

If "Yes," explain how the charges are determined, and attach a copy of your current fee schedule.

**b** Does or will the organization limit its benefits, services or products to specific individuals or classes of individuals?  N/A  Yes  No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

Support services will be limited to women with unplanned pregnancies and women who may be pregnant and need a free pregnancy test. Support services will also be offered to families of women with unplanned pregnancies.

**12** Does or will the organization attempt to influence legislation?  Yes  No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds which it devotes or plans to devote to this activity.

Any such activity is limited to less than 5% of the total budget and activity of the applicant. Such activity only relates to influencing legislation and the applicant does not oppose or endorse any candidate for office.

**13** Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?  Yes  No

If "Yes," explain fully.

**Part III** Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed?  Yes  No  
If you answer "Yes," do not answer questions 2 through 6.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7. N/A

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- (a) Is a church, interchurch organization, local unit of a church, a convention or association of churches, or an integrated auxiliary of a church;
- (b) Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or,
- (c) Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If you do not meet any of the exceptions in question 2, do you wish to request relief from the 15-month filing requirement? N/A  
.....  Yes  No

4 If you answer "Yes" to question 3, please give your reasons for not filing this application within 15 months from the end of the month in which your organization was created or formed. (See the Instructions before completing this item.) N/A

5 If you answer "No" to both questions 1 and 3 and do not meet any of the exceptions in question 2, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed? N/A  
.....  Yes  No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date you were formed and ending with the date your Form 1023 application was received (the effective date of your section 501(c)(3) status), check here  and attach a completed page 1 of Form 1024 to this application. N/A

**Part III** Technical Requirements (Continued)

7 Is the organization a private foundation?

- Yes (Answer question 8.)  
 No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, do you claim to be a private operating foundation?

- Yes (Complete Schedule E)  
 No

After answering this question, go to Part IV.

9 If you answer "No" to question 7, indicate the public charity classification you are requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |  |   |
|--|---|
| (a) <input type="checkbox"/> As a church or a convention or association of churches<br>(CHURCHES MUST COMPLETE SCHEDULE A).  | Sections 509(a)(1)<br>and 170(b)(1)(A)(i)                             |
| (b) <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B).   | Sections 509(a)(1)<br>and 170(b)(1)(A)(ii)                            |
| (c) <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C).  | Sections 509(a)(1)<br>and 170(b)(1)(A)(iii)                           |
| (d) <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1)<br>and 170(b)(1)(A)(v)                             |
| (e) <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in (a) through (d), (g), (h), or (i) (MUST COMPLETE SCHEDULE D).   | Section 509(a)(3)   |
| (f) <input type="checkbox"/> As being organized and operated exclusively for testing for public safety.  | Section 509(a)(4)   |
| (g) <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(iv)                            |
| (h) <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.   | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)                            |
| (i) <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)   |
| (j) <input type="checkbox"/> We are a publicly supported organization but are not sure whether we meet the public support test of block (h) or block (i). We would like the Internal Revenue Service to decide the proper classification.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)<br>or<br>Section 509(a)(2) |

If you checked one of the boxes (a) through (f) in question 9, go to question 14.

If you checked box (g) in question 9, go to questions 11 and 12.

If you checked box (h), (i), or (j), go to question 10.

**Part III Technical Requirements (Continued)**

- 10** If you checked box (h), (i), or (j) in question 9, have you completed a tax year of at least 8 months?
- Yes—Indicate whether you are requesting:
    - A definitive ruling (Answer questions 11 through 14.)
    - An advance ruling (Answer questions 11 and 14 and attach 2 Forms 872-C completed and signed.)
  - No—You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.

**11** If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

N/A

**12** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:

- a Enter 2% of line 8, column (e) of Part IV-A \_\_\_\_\_ N/A
- b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount you entered on line 12a above.

**13** If you are requesting a definitive ruling under section 509(a)(2), check here  and: N/A

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person."
- b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

**14** Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

N/A

	Yes	No	If "Yes," complete Schedule:
Is the organization a church? . . . . .			A
Is the organization, or any part of it, a school? . . . . .			B
Is the organization, or any part of it, a hospital or medical research organization? . . . . .			C
Is the organization a section 509(a)(3) supporting organization? . . . . .			D
Is the organization an operating foundation? . . . . .			E
Is the organization, or any part of it, a home for the aged or handicapped? . . . . .			F
Is the organization, or any part of it, a child care organization? . . . . .			G
Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . . .			H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . . . .			I

**Part IV Financial Data**

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A.—Statement of Revenue and Expenses**

		Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
		(a) From 10/1 to 4/30/92	(b) 19 6/93	(c) 19 6/94	(d) 19 .....	
Revenue	1	Gifts, grants, and contributions received (not including unusual grants—see instructions) . . .	11912	52000	56000	
	2	Membership fees received . . .				
	3	Gross investment income (see instructions for definition) . . .				
	4	Net income from organization's unrelated business activities not included on line 3 . . . . .				
	5	Tax revenues levied for and either paid to or spent on behalf of the organization . . . . .				
	6	Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) . . . . .				
	7	Other income (not including gain or loss from sale of capital assets) (attach schedule) . . .				
	8	<b>Total</b> (add lines 1 through 7) . . .				
	9	Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513 . . . . .				
	10	<b>Total</b> (add lines 8 and 9) . . .				
	11	Gain or loss from sale of capital assets (attach schedule) . . .				
	12	Unusual grants . . . . .				
	13	<b>Total revenue</b> (add lines 10 through 12) . . . . .	11912	52000	56000	
Expenses	14	Fundraising expenses . . . . .				
	15	Contributions, gifts, grants, and similar amounts paid (attach schedule) . . .				
	16	Disbursements to or for benefit of members (attach schedule) . . .				
	17	Compensation of officers, directors, and trustees (attach schedule) . . . . .				
	18	Other salaries and wages . . . . .				
	19	Interest . . . . .				
	20	Occupancy (rent, utilities, etc.) . . .				
	21	Depreciation and depletion . . . . .				
	22	Other (attach schedule) . . . . .	1368	52000	56000	
	23	<b>Total expenses</b> (add lines 14 through 22) . . . . .	1368	52000	56000	
	24	<b>Excess of revenue over expenses</b> (line 13 minus line 23) . . . . .	10544	0	0	



**Part IV** Financial Data (Continued)

**B.—Balance Sheet (at the end of the period shown)**

Current tax year  
Date 4/30/92

<b>Assets</b>		
<b>1</b>	Cash . . . . .	11400
<b>2</b>	Accounts receivable, net . . . . .	
<b>3</b>	Inventories . . . . .	
<b>4</b>	Bonds and notes receivable (attach schedule) . . . . .	
<b>5</b>	Corporate stocks (attach schedule) . . . . .	
<b>6</b>	Mortgage loans (attach schedule) . . . . .	
<b>7</b>	Other investments (attach schedule) . . . . .	
<b>8</b>	Depreciable and depletable assets (attach schedule) . . . . .	
<b>9</b>	Land . . . . .	
<b>10</b>	Other assets (attach schedule) . . . . .	
<b>11</b>	<b>Total assets</b> (add lines 1 through 10) . . . . .	11400
<b>Liabilities</b>		
<b>12</b>	Accounts payable . . . . .	
<b>13</b>	Contributions, gifts, grants, etc., payable . . . . .	
<b>14</b>	Mortgages and notes payable (attach schedule) . . . . .	
<b>15</b>	Other liabilities (attach schedule) . . . . .	
<b>16</b>	<b>Total liabilities</b> (add lines 12 through 15) . . . . .	
<b>Fund Balances or Net Assets</b>		
<b>17</b>	<b>Total fund balances or net assets</b> . . . . .	11400
<b>18</b>	<b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) . . . . .	11400

If there has been any substantial change in any aspect of your financial activities since the end of the period shown above, check the box and attach a detailed explanation

CRISIS PREGNANCY CENTER  
OF COASTAL GEORGIA, INC.  
FORM 1023

PART IV, EXPENSES, LINE 22, OTHER

	COLUMNS		
	(A)	(B)	(C)
	10/1/91-4/30/92	7/1/92-6/30/93	7/1/93-6/30/94
Advertising	28	1500	2400
Dues & Subscriptions	7	500	600
Insurance		4200	4800
Maintenance & Repairs		1200	600
Miscellaneous	141	1200	1500
Office Furniture & Fixtures		1200	1200
Office supplies	797	1200	1200
Postage & printing	395	1500	1500
Payroll taxes		2000	2200
Rent		6000	6000
Salary - Director		26000	28000
Salary - Staff			1200
Telephone		1500	1800
Training		1200	600
Utilities		1500	1800
Contingency		1200	600
	_____	_____	_____
TOTAL	1368	52000	56000

Secretary of State  
Business Services and Regulation

Suite 315, West Tower

2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530

FORM NUMBER : NR  
CERTIFICATE DATE : 07/30/91  
DOCKET NUMBER : 91206082  
EXAMINER : STACY GILLEY  
TELEPHONE : 404-656-3173

REQUESTED BY:

JOHN P. RIVERS  
P O BOX 622  
BRUNSWICK

75th  
GA 31521

September

NAME RESERVATION CERTIFICATE

THE RECORDS OF THE SECRETARY OF STATE HAVE BEEN REVIEWED AND THE FOLLOWING NAME IS NOT IDENTICAL TO, AND APPEARS TO BE DISTINGUISHABLE FROM, THE NAME OF ANY OTHER EXISTING CORPORATION, PROFESSIONAL ASSOCIATION, OR LIMITED PARTNERSHIP ON FILE PURSUANT TO THE APPLICABLE PROVISIONS OF GEORGIA LAW. (TITLE 14 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED).

-----  
"CRISIS PREGNANCY CENTER OF COASTAL GEORGIA, INC."  
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THIS CERTIFICATE SHALL BE VALID FOR A NONRENEWABLE PERIOD OF NINETY (90) DAYS FOR PROFIT AND NONPROFIT CORPORATIONS, PROFESSIONAL ASSOCIATIONS (CP, FP, DN, FN, & PA), OR LIMITED PARTNERSHIPS (7D OR 7F), FROM THE DATE OF THIS CERTIFICATE. PLEASE SUBMIT THE ORIGINAL CERTIFICATE (WHITE COPY) WITH THE ARTICLES OF INCORPORATION, CERTIFICATE OF LIMITED PARTNERSHIP, APPLICATION FOR PROFESSIONAL ASSOCIATION OR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS

NAME RESERVATIONS ARE NOT RENEWABLE AFTER EXPIRATION OF THE STATUTORY RESERVATION PERIOD SET OUT ABOVE.

*Max Cleland*

MAX CLELAND  
SECRETARY OF STATE

*Verley J. Spivey*

VERLEY J. SPIVEY  
DEPUTY SECRETARY OF STATE



SECURITIES  
656-2894

CEMETERIES  
656-3079

CORPORATIONS  
656-2817

CORPORATIONS HOT-LINE  
404-656-2222  
Outside Metro-Atlanta

Secretary of State  
Business Services and Regulation  
Suite 315, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530

CHARTER NUMBER : 9117474 DN  
COUNTY : GLYNN  
DATE INCORPORATED : SEPTEMBER 30, 1991  
EXAMINER : DONNA HYDE  
TELEPHONE NUMBER : 404/656-0624

REQUESTED BY

JOHN P. RIVENS  
P.O. BOX 622  
BRUNSWICK, GEORGIA 31521

CERTIFICATE OF INCORPORATION

I, MAX CLELAND, Secretary of State and the Corporations Commissioner of the State of Georgia do hereby certify, under the seal of my office, that

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"CRISIS PREGNANCY CENTER OF COASTAL GEORGIA, INC."

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has been duly incorporated under the laws of the State of Georgia on the date set forth above, by the filing of articles of incorporation in the office of the Secretary of State and the fees therefor paid, as provided by law, and that attached hereto is a true copy of said articles of incorporation.

WITNESS, my hand and official seal, in the City of Atlanta and the State of Georgia on the date set forth below.

DATE: OCTOBER 31, 1991

*Max Cleland*

MAX CLELAND  
SECRETARY OF STATE

*Verley J. Spivey*

VERLEY J. SPIVEY  
DEPUTY SECRETARY OF STATE



# BYLAWS

OF

## CRISIS PREGNANCY CENTER OF COASTAL GEORGIA, Inc.

(A GEORGIA NOT FOR PROFIT CORPORATION)

### ARTICLE I: MEMBERSHIP

Section 1. The membership of CRISIS PREGNANCY CENTER OF COASTAL GEORGIA, INC., hereinafter referred to as the "corporation", shall consist of the members of the board of directors.

### ARTICLE II: MANAGEMENT

Section 1. The business and property of the corporation shall be managed by a board of directors numbering not less than five (5) and no more than fifteen (15). The number of members shall be determined annually by the vote of the board of directors.

Section 2: The board of directors of the corporation shall be elected each year by a majority vote of the Board of directors at the annual meeting of the corporation. The annual meeting of the corporation shall be the beginning of the corporate year and shall be held in August, unless otherwise specified by the board of directors, commencing August, 1991.

Section 3: The term of office of the members of the board shall be for three (3) years. Said terms shall be staggered with one-third (1/3) of the positions open for election every year.

Section 4: The board of directors shall hold regular meetings a minimum of four (4) times a year and such special meetings as they shall deem necessary for the competent management of the affairs of the corporation.

Section 5: Each member of the board of directors shall possess one (1) vote in matters coming before the Board. All voting at meetings of the board of directors shall be by each member in person and voting by proxy shall not be allowed. Two-thirds of the elected board shall constitute a quorum. The vote of the majority of the quorum shall be the act of the board on all matters.

