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Special Instructions to Filing Officer:

M. L. D. Andrews, D.D.

AUTHORIZATION BY PHONE TO
CORRECT Article VI
DATE 5/9/11
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 MAY -6 PM 1:30

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MPD 5/9

COVER LETTER

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

SUBJECT: New Jerusalem Christian Center International, 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: Dr. L.D. Andrews, D.D.
Name (Printed or typed)

P.O. Box 2814
Address

Stuart, FL 34995
City, State & Zip

(772)634-7727
2051 SE Division Ave, Tallahassee, FL 32310
Telephone Number

andrews-larry@att.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

New Jerusalem Christian Center International, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2051 SE Hillmoor Drive Suite# 204
Port Saint Lucie, Florida 34952

Mailing address, if different is:
Post Office Box 2814
Stuart, Florida 34995

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To spread the Gospel of Jesus Christ through the preaching and teaching of the Bible, to bring the unsaved to Christ; and to build up the saved in Christian grace and living and to have a vital part in Missions.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors application must be approved by a majority of Voting Members present at a Membership meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry D. Andrews, President Name and Title: _____
Address: 2051 SE Hillmoor Drive Suite# 204 Address: _____
Port Saint Lucie, FL 34952

Name and Title: Lajuan Billingslea, Secretary Name and Title: _____
Address: 996 SW Longfellow Road Address: _____
Port Saint Lucie, FL 34953

Name and Title: Suslin Leathers, Treasurer Name and Title: _____
Address: 807 SE Nassau Avenue Address: _____
Stuart, FL 34994

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dr. L.D. Andrews, D.D.
Address: 2051 SE Hillmoor Drive Suite# 204
Port Saint Lucie, FL 34952

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. L.D. Andrews, D.D.
Address: P.O. Box 2814
Stuart, FL 34995

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature of Registered Agent

April 27, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature of Incorporator

April 27, 2011
Date