

N160000001335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

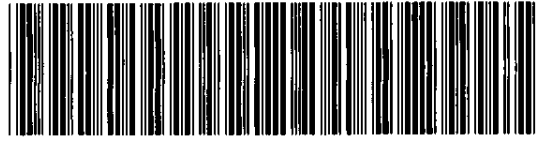
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/09/16--01011--009 **78.50

FEB 09 2016
T SCHROEDER

RECEIVED
DEPARTMENT OF STATE
16 FEB -9 PM 2:56

COVER LETTER

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

SUBJECT: New Zion Church of Jesus Christ
(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: Elder James Cooper
Name (Printed or typed)

PO Box 805
Address

Blountstown Fla 32424
City, State & Zip

850 557 7820
Daytime Telephone number

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

The name of the corporation shall be: New Zion Church of Jesus Christ Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: Craves Creek
20594 McHolley Rd Mailing address, if different is:
Blountstown Fla PO Box 805
32424 Blountstown Fla
32424

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We will be trying to
deliver soul to Christ
We also will be having bible
studies daily We will be having
daily prayer meetings

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

appointed in by Pastor James Cooper

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Pastor James Cooper</u>	Name and Title: <u>Secretary Missionary Rhonda Cooper</u>
Address: <u>PO Box 805</u>	Address: <u>PO Box 805 15247 SW Faircloth Rd Lot 23</u>
<u>Blountstown</u>	<u>Blountstown</u>
<u>Fla 32424</u>	<u>Fla 32424</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

RECORDED
16 FEB -9 PM 3:01
AM 10:00 PM

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Pastor James Cooper
Address: 15247 SW Faircloth Rd Lot 23
Blountstown Fla 32424

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pastor James Cooper
Address: PO Box 805
Blountstown Fla 32424

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TAMPA COUNTY CLERK
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4250
ARTICLE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

James Cooper
Required Signature of Registered Agent

2/9/16
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.

James Cooper
Required Signature of Incorporator

2/9/16
Date