

N/6000011965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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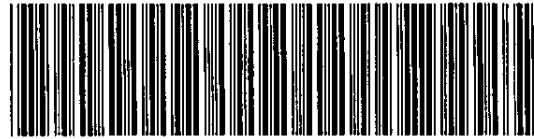
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

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

SUBJECT: GREATER PRAISE WORSHIP CENTER 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: DARRYL ALLEN LOVETT  
Name (Printed or typed)

261 BARBOSSA DR.  
Address

SEBASTIAN, FL. 32958  
City, State & Zip

772-480-3194  
Daytime Telephone number

DARRYLLOVETT@YAHOO.COM  
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:

GREATER PRAISE Worship Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

261 BARBOSSA DR.  
SEBASTIAN, FL. 32958

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BE A PLACE OF WORSHIP,  
THAT MEET THE NEED OF SPIRITUAL ENLIGHTENMENT.  
TO SUPPORT THE COMMUNITY, IN ASSISTING  
WITH THE NEED TO HELP THE POOR. TO  
BE A PLACE OF REFUGE FOR THE EMOTIONALLY  
CHALLENGED AND OPPRESSED. TO PROVIDE A  
LOVING ENVIRONMENT FOR ALL THAT CHOOSE TO COME.

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

Voted

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

DARRY/A. LOVETI

Name and Title:

Address

PRESIDENT

Address:

261 BARBOSSA DR.  
SEBASTIAN, FL. 32958

Name and Title:

RACHEL LOVETI

Name and Title:

Address

SECRETARY

Address:

1724 10TH WAY S.W.  
VERO BEACH, FL. 32962

Name and Title:

DAVID PILKET

Name and Title:

Address

725 12TH AVE SW  
VERO BEACH, FL. 32962

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SECRETARY  
DIVISION OF REVENUE

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: DELAINE LOVETT  
Address: 261 BARBOSSA DR.  
SEBASTIAN, FL. 32958

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DARRYL A. LOVETT  
Address: 261 BARBOSSA DR.  
SEBASTIAN, FL. 32958

**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 days prior or 90 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

DeLaine Lovett  
Required Signature of Registered Agent

12-13-2016  
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.

Darryl A. Lovett  
Required Signature of Incorporator  
DARRYL A. LOVETT

12-13-2016  
Date

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SECRETARY OF  
DIVISION 1000  
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