

N20000009064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

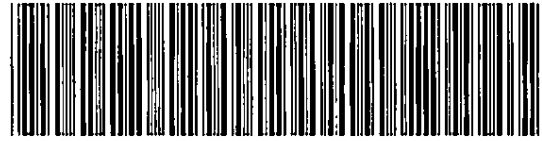
(Business Entity Name)

(Document Number)

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2020 JUL 28 PM 2:15
TALLAHASSEE, FL
STATE

COVER LETTER

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

SUBJECT: Homosassa Christian Fellowship, 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: Charles C. Woods

Name (Printed or typed)

5060 S. Craig Pt.

Address

Homosassa, FL 34446

City, State & Zip

(352) 613-7526

Daytime Telephone number

famwoo7@hotmail.com

E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: Homosassa Christian Fellowship, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3705 S. Indiana Terrace

Homosassa, Fl 34448

Mailing address, if different is:
5060 S. Craig Pt.

Homosassa, Fl 34446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish a church that will "continue steadfastly in the apostles' doctrine & fellowship in the breaking of bread & prayers." (Acts 2:42) Our Principle mission is, " to make disciples of all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit, teaching them to observe all things as Jesus has commanded us.
(Mt. 28:19, 20)

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles C. Woods - President Name and Title: _____

Address: 5060 S. Craig Pt. Address: _____
Homosassa, Fl 34446

Name and Title: Matthew R. Andruss -Vice President Name and Title: _____

Address: 5155 Commercial Way Address: _____
Spring Hill, Fl
34606

Name and Title: Gregory E. Smith Name and Title: _____

Address: 4631 W. Cardinal St. Address: _____
Homosassa, Fl 34446

2020 JUL 28 PM 2:15
STATE OF FLORIDA
HOMASSA, FL

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: Charles C. Woods _____

Address: 5060 S. Craig Pt. _____
Homosassa, Fl 34446 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charles C. Woods _____

Address: 5060 S. Craig Pt. _____
Homosassa, Fl 34446 _____

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TALLAHASSEE, FL
DEPARTMENT OF STATE

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

Charles C. Woods

Required Signature of Registered Agent

7-24-20

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.

Charles C. Woods

Required Signature of Incorporator

7-24-20

Date