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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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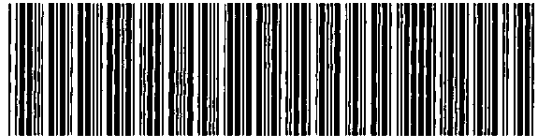
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 25 2009  
D. A. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INDEPENDENT A.M.E. DENOMINTION OF THE UNITED STATES OF AMERICA, INC.  
(Name of Corporation – must include suffix)

**FILED**  
2009 AUG 24 P 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

PAULINE ALLEN

(Name of Person)

INDEPENDENT A.M.E. DENOMINTION OF THE UNITED STATES  
OF AMERICA, INC.

(Firm/Company)

9966 124TH STREET

(Address)

LIVE OAK, FL 32060

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULINE ALLEN

(Name of Person)

at ( 386 ) - 362-4634

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

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1. INDEPENDENT A.M.E. DENOMINATION OF THE UNITED STATES OF AMERICA, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership. If the name of the corporation is not in the name at present, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 30-0491589 (EIN #)

(FEI number, if applicable)

4. 7 NOVEMBER 1956

(Date of Incorporation)

5.

"PERPETUAL"

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 714 SOUTH LEE STREET, VALDOSTA, GA 31601

(Principal office address)

P.O. BOX 1626, VALDOSTA, GA 31603

(Current mailing address)

IS THE DISSEMINATION BY CHRISTIAN CONGREGATIONS OF THE GOSPEL TRUTH ACCORDING TO THE CONFESSIONAL STANDARDS OF SAID CHURCH, AND TO ESTABLISH CHURCHES, MISSIONS, AND SCHOOLS FOR THE PROMULGATION OF RELIGIOUS EDUCATION AND MORALITY

8. AMONG ITS CONSTITUENTS AND ADHERENTS.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: PAULINE ALLEN

Office Address: 9966 124TH STREET

LIVE OAK

(City)

, Florida 32060

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Pauline Allen*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

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Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

DAVID L. ROBINSON

Address: \_\_\_\_\_

P.O. BOX 1626

VALDOSTA, GA 31603

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

JOANNE M. BAKER

Address: \_\_\_\_\_

14020 US HWY 129, LIVE OAK, FL 32060

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *David L. Robinson* CEO  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID L. ROBINSON, CEO  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### INDEPENDENT A. M. E. DENOMINATION OF THE UNITED STATES OF AMERICA, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 11/07/1956 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 17th day of August, 2009

*Karen C Handel*

Karen C Handel  
Secretary of State