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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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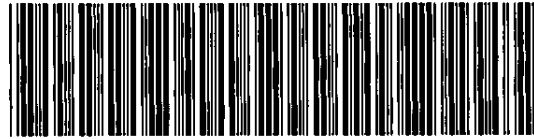
(Business Entity Name)

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144

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMERALD Coast Branch-FREEDOM Bible College, A Member of Concepts of FREEDOM
Name of Corporation - must include suffix
MINISTRIES, INC.

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" 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:

DR. Delois JACKSON
Name of Person

EMERALD Coast Branch-FREEDOM Bible College and Seminary
Firm/Company

644 N. FREEDOM BLVD

Address

Crestview, FL 32536
City/State and Zip Code

EMERALD Coast Branch-FBCS@Coz.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lacey C. JACKSON at (850) 398-6991
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing 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:

1. Emerald Coast Branch - Freedom Bible College, A member of Concepts of Freedom Ministries 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 not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Arkansas 3. 73-1458518
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 15 May 2012 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1 June 2012
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 217 W. Chestnut St. Rogers, AR 72756
(Principal office address)

Same
(Current mailing address)

8. Education
(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)

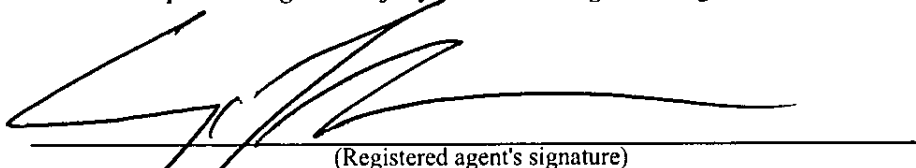
Name: Lacey C. Jackson

Office Address: 2436 Genevieve Way
Crestview, Florida 32536
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.


(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:

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A. DIRECTORS

Chairman: _____

Address: _____

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DR. DeLois Jackson

Address: 2436 Genevieve Way

Crestview, FL 32536

Vice President: Lacey C. Jackson

Address: 2436 Genevieve Way

Crestview, FL 32536

Secretary: Ms. Adora James

Address: 4621 Canary Way

Crestview, FL 32539

Treasurer: Ms. NaKisha Thomas

Address: 2400 Agerton

Crestview, FL 32536

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

13. DeLois Jackson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DeLois Jackson, President

(Typed or printed name and capacity of person signing application)



Arkansas Secretary of State
Mark Martin

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**EMERALD COAST BRANCH-FREEDOM BIBLE COLLEGE, A
MEMBER OF CONCEPTS OF FREEDOM MINISTRIES, INC.**

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office May 15, 2012.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of June 2012.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: a0bb0e9ae23818d

To verify the Authorization Code, visit sos.arkansas.gov