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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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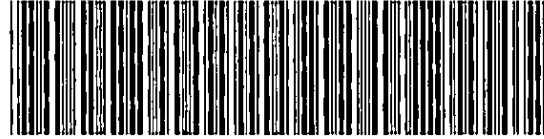
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEREAN APOSTOLIC CHURCH INCORPORATED  
Name of Corporation – must include suffix

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 Status" 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:

RYAN S. LEMON  
Name of Person

Firm/Company

P O BOX 163  
Address

ORANGE PARK FL 32067  
City/State and Zip Code

ryan-1emon@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN S. LEMON at ( 904 ) 310-2731  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. BEREAN APOSTOLIC CHURCH INCORPORATED  
(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. LOUISIANA 3. 72-1202645  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 28, 1994 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than 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. 7633 KINGSFORT BLVD NEW ORLEANS LA 70128  
(Principal office street address)

PO BOX 163 ORANGE PARK FL 32067  
(Current mailing address, if different)

8. TO ESTABLISH AND MAINTAIN A PLACE OF WORSHIP.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

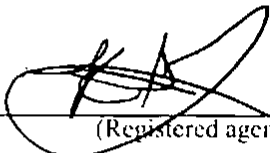
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: RYAN S. LEMON

Office Address: 7264 ROSE CREEK LANE  
JACKSONVILLE, Florida 32219  
(City) (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.*

  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: RYAN S. LEMON  
☐ Vice Chairman Address: 7264 ROSE CREEK  
☒ Director JACKSONVILLE FL 32219  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: LONA L. LEMON  
☐ Vice Chairman Address: 7264 ROSE CREEK  
☒ Director JACKSONVILLE FL 32219  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_


☐ Chairman Name: GERALDINE P. LEMON  
☐ Vice Chairman Address: 7633 KINGSPO  
☐ Director BLVD NEW ORLEANS LA  
☐ President 70128  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

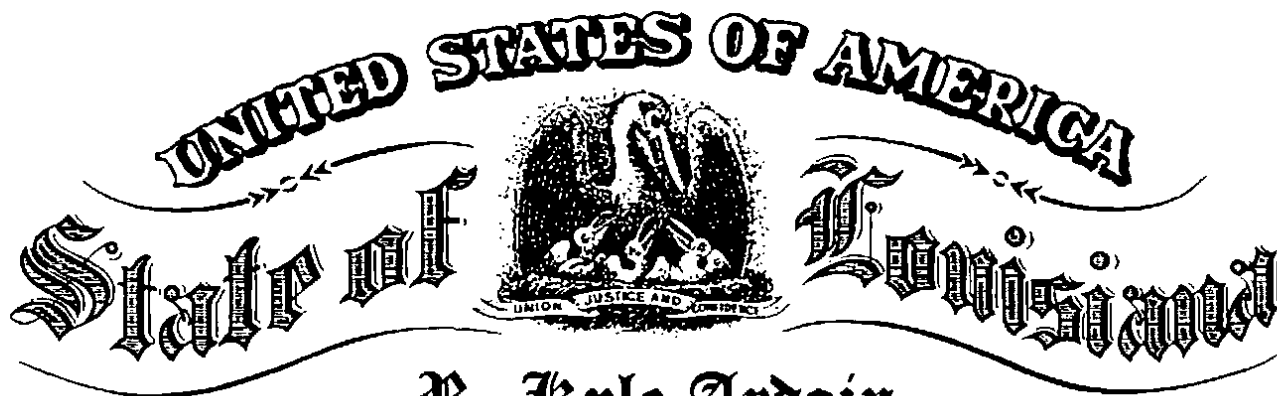
☐ Chairman Name: ROBERT S LEMON  
☐ Vice Chairman Address: 7633 KINGSPO  
☐ Director BLVD NEW ORLEANS  
☐ President LA 70128  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: MEMBER ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

3.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
1. RYAN S. LEMON, DIRECTOR  
(Typed or printed name and capacity of person signing application)



**R. Kyle Ardoin**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Incorporation of

**BEREAN APOSTOLIC CHURCH, INCORPORATED**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on November 28, 1994,

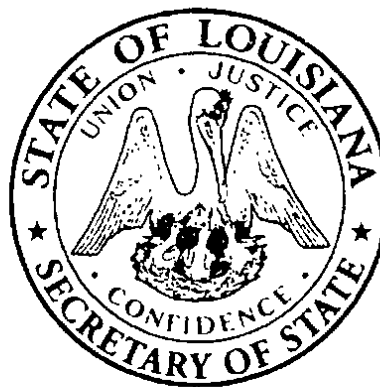
I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 6, 2021

*Secretary of State*

Web 34509480W



Certificate ID: 11336420#VMJ62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)