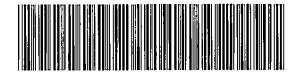
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Jem # 4 Whending line Geri Siddel When 5-15-23 Well Solomon				

Office Use Only



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M. SOLOMON MAY 1 5 2023

COVER LETTER

TO:	egistration Section ivision of Corporations					
SHRI	ECT: Thomasville and Tallahassee International Christian Church, Inc					
3000	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Geri Siddell					
Name of Person						
	Thomasville and Tallahassee International Christian Church					
	Firm/Company					
	Firm/Company Firm/Company					
	7) :-					
	200 Gordon Avenue					
	Address Sign & Control of the Contro					
	Thomasville, GA 31792					
	City/State and Zip Code					
	geri@usd21.org					
	E-mail address: (to be used for future annual report notification)					
For furt	her information concerning this matter, please call:					
Joseph	Garmon, Ph.D. 229 221-0874					
	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					
Please m	d is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE 100 Filing Fee					

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:

3. try under the law of which it is incorporated)	51-0642605 (FEI number, if applicable)			
try under the law of which it is incorporated).				
	• • • • • • • • • • • • • • • • • • • •			
5.				
		- 1: 1:1:1:		
	sections 617,1501 & 617,1502, F.S. 10 determine	e penally hability.)		
eet, Thomasville, GA 31792				
(Principal offic	:e <u>street</u> address)			
(Current mailing a	address, if different)			
		100 PM		
he FSU, FAMU, city of Tallahassee through bi	ble studies and benevolent activities.	48 AP		
orporation authorized in home state or country to	to be carried out in the state of Florida)	2029 APR 25		
et address of Florida registered agent: (P.O	Box NOT acceptable)	1 \		
		± <u>7</u> = <u>₹</u>		
fuliette Betancur		PM 2: 48 OF STATE of Property		
Name: Office Address: 2029 Continental Ave				
Fallahassee	Fig. 32304			
(City)	(Zip Code)			
i ((Current mailing a he FSU, FAMU, city of Tallahassee through bi orporation authorized in home state or country to et address of Florida registered agent: (P.O Juliette Betancur 2029 Continental Ave	(Current mailing address, if different) the FSU, FAMU, city of Tallahassee through bible studies and benevolent activities. torporation authorized in home state or country to be carried out in the state of Florida) tet address of Florida registered agent: (P.O. Box NOT acceptable) Juliette Betancur 2029 Continental Ave Tallahassee , Florida 32304		

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. DIRECTOI ☐Chairman	RS Name: Geri Siddell	Chairman	Name: Joseph Garmon, Ph.D.
□Vice Chairman	1645 Rocky Ford Rd		Address:
□Director	Coolidge, GA 31738		Thomasville, GA 31792
■ President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:		□Other:	Other:
□Chairman	Patricia Lee Name:	□Chairman	Name: Amber Vanderminden
□Vice Chairman	Address: 210 Bartow St.		Address: 304 Park Avenue
□Director	Thomasville, GA 31792	□Director	Thomasville, GA 31792
□President		□President	AA PR
□Vice President	<u></u>	□Vice President	
■ Secretary	□Treasurer	☐ Secretary	■Treasurer
Other:	☐ Other:	□Other:	□Other: □ 51
□ Chairman	Edie Garmon	□Chairman	Name:
□Vice Chairman	Address: 503 Remington Avenue		
□Director	Thomasville, GA 31792	Director	
□President		□President	
■Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	☐ Other:	□Other:	□Other:
Non-indexed indiv	Signature of Chairman, Vice Chairman, or (Typed or printed name and capacity)	g your Florida Department o	of State Annual Report form. 12 of the application)

Control Number: 13445914

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Thomasville and Tallahassee International Christian Church, Inc a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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.

Docket Number : 25111775 Date Inc/Auth/Filed: 08/06/2013 Jurisdiction : Georgia Print Date : 04/14/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State