

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

700008470807--5  
-10/21/02--01019--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Bridgekeepers, 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: Joseph P. Alonge  
Name (Printed or typed)

6105 Galleon Way  
Address

Tampa, FL 33615  
City, State & Zip

813 249-0828  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

02 OCT 21 PM 2:14  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. SMITH: OCT 21 2002

2

Articles of Incorporation  
In Compliance with Chapter 617, F.S.,(Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Bridgekeepers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be:  
6105 Galleon Way, Tampa, Florida 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to create a network of communication and research for the persecuted church by providing relief, aid, support, and encouragement.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: Directors are elected by majority vote of other board members at board meetings.

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

Scott Johnson / Executive Director / 6105 Galleon Way, Tampa, FL 33615  
Teresa Griner / Director / 800 25<sup>th</sup> Ave. N., St. Petersburg, FL 33704  
Joseph Alonge / Director / 6105 Galleon Way, Tampa, FL 33615

**ARTICLE VI INTIAL REGISTERED AGENT AND STREET ADDRESS**

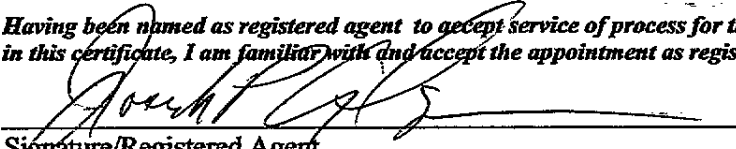
The **name and Florida street address** of the registered agent is:  
Joseph P. Alonge / 6105 Galleon Way, Tampa, Florida 33615

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:  
Ralph Mann / 8710 Cobblestone Drive, Tampa, FL 33615

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

\*\*\*\*\*  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

10-17-02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-17-02  
\_\_\_\_\_  
Date