

№4000004311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

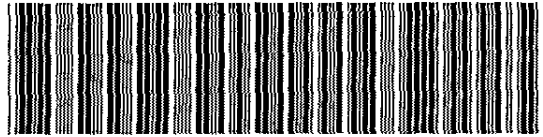
(Document Number)

Certified Copies 1

Certificates of Status 1

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Office Use Only



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04/30/04--01055--004 **175.00

DIVISION OF CORPORATION

04 APR 30 PM 2:05

RECEIVED

04 APR 30 PM 2:09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 4/30/04

TRANSMITTAL LETTER

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

SUBJECT: Paster Tabernacle Church of Faith I
(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:

Pastor Willie Mae Kester
Name (Printed or typed)

P.O. Box 219
Address

Zolfo Spgs, Fla. 33890
City, State & Zip

(863) 773-6752
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Laster Tabernacle Church of Faith INC,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3457 Hickory St
Zolfo Spgs, Fla, 33890 (Mailing address) P.O. Box 219
Zolfo Spgs Fla 33

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

non-profit - ~~religious~~ Church organization

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

They are appointed by the Bylaws

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Pres/DIR. - Lillie Mae Laster + Deacon Jessie Laster (Treasurer)
P.O. Box 219
Zolfo Spgs, Fla. 33890
Director

DR. Jessie T. Rivers
Director/Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Dorothy Rivers
3457 Hickory St
Zolfo Spgs, Fla. 33890

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lillie Mae + Jessie Laster
P.O. Box 219
Zolfo Spgs, Fla. 33890

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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.

Dorothy Rivers
Signature/Registered Agent

4-30-04
Date

Lillie Mae Laster
Signature/Incorporator

4-30-04
Date