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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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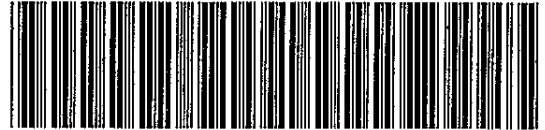
(Business Entity Name)

(Document Number)

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DIVISION 1  
04 JUL 13 AM 10:31

## TRANSMITTAL LETTER

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

**SUBJECT:** Temple Of God Child Development Center, 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:** Temple Of God Baptist Church  
Name (Printed or typed)

P. O. Box 1176  
Address

Perry, Florida 32347  
City, State & Zip

(850) 584-6046  
Daytime Telephone number

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

04 JUL 13 AM 10:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Temple Of God Child Development Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

Temple Of God Child Development Center, Inc.

105 Sandra Street

P. O. Box 1176 Perry, Florida 32347

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the Temple Of God Child Development Center, Inc. is organized is for providing child care services for children ranging from infants through twelve years old.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The Directors are appointed by the Pastor of the Temple Of God Baptist Church.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Ms. Viola Woodfaulk - Chairman

P. O. Box 1176

Perry, Fl. 32347

Ms. Annie Jones

P. O. Box 1176

Perry, Fl. 32347

Ms. Jessie Alexander - Secretary/Chaplain

P. O. Box 1176

Perry, Fl. 32347

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ms. Gail French

1401 S. W. Hall Street

P. O. Box 383

Madison, Fl. 32341

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mr. Robert E. French

2545 Stonegate Drive

Tallahassee, Fl. 32308

\*\*\*\*\*

*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.*

Gail French  
Signature/Registered Agent

Gail French

Robert E. French  
Signature/Incorporator

Robert E. French

07/09/04  
Date

7-9-04  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
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