# NO4000010013

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



400041642874

##78.75 **₩**78.75

1000 m

2004 OCT 20 P 12: 59

FILED

## TRANSMITTAL LETTER

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

	·		
osed is an original a	and one(1) copy of the arti	cles of incorporation and a	check for:
<b>\$70.00</b>	<b>\$78.75</b>	\$78.75	□ \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of	& Certified Copy	Certified Cop
	Status		& Certificate
		ADDITIONAL COPY REQUIRED	

FROM: MARSON, MORE
Name (Printed or typed)

1149 N.E. Past Cd.
Address

Madison, Fl. 37340

City, State & Zip

150-929-4254

Daytime Telephone number

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 13, 2004

CHARLES W. MOORE 1149 N.E. POST RD. MADISON, FL 32340

SUBJECT: EMMANUEL BAPTIST CHURCH INC

Ref. Number: W04000037728

We have received your document for EMMANUEL BAPTIST CHURCH INC. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N10946.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Letter Number: 904A00059062

Loria Poole Document Specialist New Filings Section

LES OF INCORPORATION
in Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE 1 NAME	
The name of the corporation shall be:	=
Commanuel Frist Baytest Church dre.	ZODA I
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation she flowers ed place of meeting	all be: SSEE
address- Charles w more- 1149 NE post Rd.	P ID
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	59 59
To promote Christians principle among all manking	
To enchance the Spiritual lines of our membership to promote christians perinciple among all marked to help evangeline theward through missionery efforts to help strengther ow community, state and nation though.	anywork of christians isleals
ARTICLE IV MANNER OF ELECTION	
****	, <u></u>
The manner in which the directors are elected or appointed:  The Director of this Comparation shall be a Brawn of of  This Board shall be Composed of three members and a	recotus
This Board shall be composed of three members and &	elected as the church as
one whale he and as registeded agent for the corporation.	,
ARTICLE V INITIAL DIRECTORS OFFICERS  The name(s), address(es) and title(s):	
	rustee 323
Stern Southall 1315 5E. Rd. makin 71.32340	Luctes
Denn Sommer 1010 22. 194 . 1100	. 2122211
Glenn Southall 1313 S.E. Rd. Mader 12.72 Made Sloye Henderson PHI- Box 1272 Made	por 41. 363 9
Slage A encurs	Trustel
	455550
ARTICLE VI INITIAL REGISTERED AGENT AND STREET	ADDRESS
The name and Florida street address of the registered agent is:	
CHARLES W. MODRE	
1149 N.E. Post Road	
MADISON, Fl. 32340	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Ralph & Bosts way Irl	
MOUNT Digger way Irl	
madisor Fl. 32340	
**************	*********
Having been named as registered agent to accept service of process for the above s in this certificate, I am familigr with and accept the appointment as registered agen	
Charles at Mane	10/18/04
Signature/Registered Agent	Date
Pignathic/registered whent	Date.
Lolah 19 Book	10/18/04
Signature/Incorporator	Date