

NO50000002962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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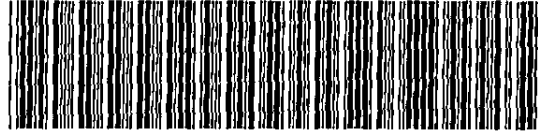
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR 16 PM 1:21

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3/23/05  
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## TRANSMITTAL LETTER

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

SUBJECT: GOSPEL OF THE KINGDOM WORSHIP 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: BRENDA L. BLACKMON  
Name (Printed or typed)

P.O. BOX 39  
Address

DEFUNIAK SPRINGS, FLORIDA 32435  
City, State & Zip

850-892-2738  
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:

GOSPEL OF THE KINGDOM WORSHIP CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

1541 EAST US HIGHWAY 90, DEFUNIAK SPRINGS, FL. 32433  
MAILING: P.O. 39, DEFUNIAK SPRINGS, FL. 32435

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this corporation is to organize a religious society to proclaim Jesus Christ as its Savior and redeemer and adhere to the teaching of Jesus Christ. This is a nonprofit corporation.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The qualifications of the members and the manner of their admission shall be as stated in and regulated by the by-laws of this corporation.

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

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

Pastor Brenda L. Blackmon, President/C.O.O. 1549 E Hwy 90 DeFuniak Springs, FL. 32433  
Dr. Willie Blackmon, Jr. C.E.O. 1549 E Hwy 90 DeFuniak springs, FL 32433  
Sister Nina Brixey, Finance Officer 1549 E Hwy 90 DeFuniak Springs, FL. 32433  
Sister Desiree Randolph, Hospitality Officer 36 Aspen Lane DeFuniak Springs, 32433

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

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

Pastor Brenda L. Blackmon  
1549 E. Hwy 90  
DeFuniak Springs, Florida, 32433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Pastor Brenda L. Blackmon  
P.O. Box 39, 1549 E. Hwy 90 DeFuniak Springs, Florida 32435

\*\*\*\*\*

*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.*

Brenda L. Blackmon  
Signature/Registered Agent

03/14/05  
Date

Brenda L. Blackmon  
Signature/Incorporator

03/14/05  
Date

**FILED**

05 MAR 16 PM 1:21

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TALLAHASSEE, FLORIDA