

**ND5000010352**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

**2 Bunch OCT 7 2005**

## COVER LETTER

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

SUBJECT: Suwannee Missionary Baptist Association 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: Mrs Wynema Pickles  
Name (Printed or typed)

1747 South Walker Ave  
Address

Live Oak, Florida 32064  
City, State & Zip

(386) 362-1110  
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:

Suwannee Missionary Baptist Association Inc

**ARTICLE II PRINCIPAL OFFICE**

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

1747 South Walker Ave Live Oak Florida 32064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

exclusively for charitable, religious, and educational purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

By a majority vote at the semi annual/annual meeting with a quorum

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

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

Officers:

Dr. Jimmy Deas 947 Liberty St Live Oak, FL 32064 - Moderator  
Rev. David McKeithen 5081 CR 795 N Live Oak, FL 32060 - Vice Moderator  
Mrs Wynema Pickles 20961 Lancaster Rd Live Oak, FL 32060 - Clerk  
Mr S C Sullivan PO Box 303 (529 S Ohio Ave) Live Oak, FL 32064 - Treasurer

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

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

Dr Fritz M Fountain 1747 South Walker Ave Live Oak, FL 32064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

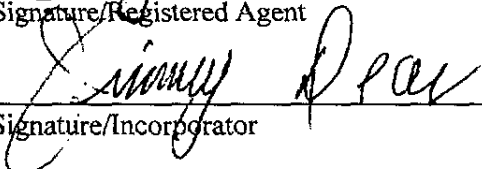
Dr Jimmy Deas 947 Liberty St Live Oak, Florida 32064

\*\*\*\*\*  
*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

10/05/05

\_\_\_\_\_  
Date

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

10/05/05

\_\_\_\_\_  
Date

FILED  
05 OCT -6 PM 2:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA