# NOS000010468

(Red	questor's Name)		
(Add	dress)		
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(City	//State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)	- Jake	
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		

Office Use Only



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D. Brown OCT 1 2 2005

# **COVER LETTER**

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

SUBJECT: Faith Temple Assembly of God of Haines City Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Article	es 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 CO	PY REQUIRED	
FROM: Rev. Thomas Rogers Name (Printed or typed)  410 North F Street Address				
	Haines City, Florida 33844 City, State & Zip			
	863-422-4153  Daytime Tele	phone number	<u> </u>	

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:

Faith Temple Assembly of God of Haines City Inc.

FILED

SECRETARY OF STATE

DIVISION OF CORPORATION:

05 OCT 10 AM 9: 26

## ARTICLE II PRINCIPAL OFFICE

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

704 Mcleod Ave

P O Box 2556

Haines City, Florida 33844

Haines City, Florida 33845

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To have religious services

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by Senior Pastor

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Rev. Thomas Rogers

410 North F Street

Haines City, Florida 33844

CEO

Richard Gowan

1900 Trinity Circle

Haines City, Florida 33844

Treasurer

Ben Richter

53 Winter Ridge Road

Winter Haven, Florida 33880

Secretary

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rev. Thomas Rogers

704 Mcleod Ave Haines City, Florida 33844

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rev. Thomas Rogers 410 North F Street Haines City, Florida 33844

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

Date

Signature/Incorporator

Date