

NO5000011481

(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:

Office Use Only



000061349850

11/11/05 10:00:00 AM \*\*15.00

2005 NOV 14 P 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

11-14-05  
482

## COVER LETTER

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

SUBJECT: New River Assembly of God 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: Rev. Alfred J. Ivie III  
Name (Printed or typed)

PO Box 1191  
Address

Starke, FL 32091  
City, State & Zip

(904) 964-5644  
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:  
New River Assembly of God Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
ppob: 2000 Allison Way Starke, FL 32091  
ma: PO Box 1191 Starke, FL 32091

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This church is organized for the purpose of religious worship, fellowship and evangelism within the community of Stake, FL.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors shall be appointed by an advisory committee appointed by the senior pastor/chief officer.

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

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

Faye Jeffers	Alfred Ivie	Jennifer Ivie
PO Box 945	2000 Allison Way, Apt 2102	PO Box 1191
Starke, FL 32019	Starke, FL 32019	Starke, FL 32019

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

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

Alfred Ivie  
2000 Allison Way, Apt. 2102  
Starke, FL 32091

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Alfred Ivie  
2000 Allison Way, Apt. 2102  
Starke, FL 32091

\*\*\*\*\*

*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

FILED  
2005 NOV 14 P 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA