

NO600005188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

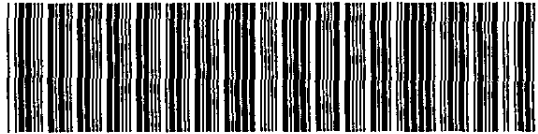
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: New Destiny Rescue Temple of the Apostolic Faith 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: DR. BRUCE A. BOSTON
Name (Printed or typed)

3111 W. DR. M. L. K. Blvd. Ste 100
Address

TAMPA, FL. 33607
City, State & Zip

813-223-3862 OR cell 813-504-6849
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 DESTINY RESCUE TEMPLE OF THE APOSTOLIC FAITH INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **NEW DESTINY RESCUE TEMPLE OF THE APOSTOLIC FAITH INC., 3111 W. DR. M.L.K. BLVD. STE 100 TAMPA, FL. 33607**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **EXCLUSIVELY FOR RELIGIOUS PURPOSES INCLUDING THE PROVIDING OF SERVICES TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE TAX CODE.**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: **A RESUME MUST FIRST BE SUBMITTED ALONG WITH TWO LETTERS OF RECOMMENDATION (ONE BEING FROM A CURRENT OFFICIAL OF THE NEW DESTINY RESCUE TEMPLE OF THE APOSTOLIC FAITH). THEN AN INTERVIEW MUST BE GIVEN BY ALL OF THE OFFICIALS (MUST BE PRESENT FOR THIS INTERVIEW) AND PASSED AND A VOTE. (IT THEN BE TAKEN WITHIN THE HOUR OF THE OFFICIALS MUST BE PRESENT AND THE VOTE MUST BE MAJORITY ONCE THE VOTE HAS BEEN DECIDED THE POSITION CAN THEN BE FILLED OR LEFT STANDING.**

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President: DR. BRUCE BOSTON 3111 W. DR. M.L.K. BLVD, TAMPA FL. 33607

Founder: C.E.D. BERNADETTE STRAUGHTER 2705 N. 10TH. ST. TAMPA, FL. 33605

Treasurer: WILLIAM JOHNSON 902 OTTO VILLA PLACE TAMPA, FL. 33607

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. BRUCE D. BOSTON 3111 W. DR. M.L.K. BLVD. STE 100 DR. BRUCE D. BOSTON TAMPA, FL. 33607

ARTICLE VII INCORPORATOR

The name and address of the incorporator is: **DR. BRUCE D. BOSTON 3111 W. DR. M.L.K. BLVD. DR. BRUCE D. BOSTON STE 100 TAMPA, FL. 33607**

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.

Dr. Bruce D. Boston
Signature Registered Agent

MAY 10, 2006
Date

Dr. Bruce D. Boston
Signature Incorporator

MAY 10, 2006
Date

FILED
06 MAY 11 AM 10:39
CLERK OF STATE
TALLAHASSEE FLORIDA