

NO7000006499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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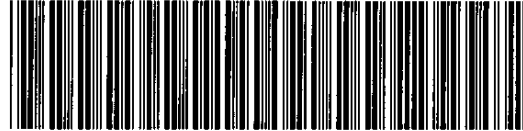
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
07 JUN 29 PM 3:15
OFFICE OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
07 JUN 29 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUN 29 2007

COVER LETTER

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

SUBJECT: T.C.O.G. Christian Academy Of Hope, 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: Laverne Thomas, Administrator
Name (Printed or typed)

26 Mcarthur Street
Address

Quincy, Florida 32351
City, State & Zip

850-627-8066
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:

T COG Christian Academy Of Hope, *Inc.*

ARTICLE II PRINCIPAL OFFICE

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

26 Mcarthur Street, Quincy, Florida 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

An Institution for the learning of children

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors will be appointed within one year from the start date by the board.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Laverne Thomas, 1510 Hardin St. Quincy, FL 32351, Administrator
Kimberly C. Adedeji, 19 Sugarplum Lane, Havana, Florida 32333 Chairperson
Lassandra Alexander, 161 Knight Road, Midway, Florida 32343 Financial Officer
Deann Robinson, 845 Ranch Road, Quincy, Florida 32351 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:

Laverne Thomas, 1510 Hardin St. Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laverne Thomas, 26 Mcarthur Street, Quincy, Florida 32351

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.

Laverne Thomas, Administrator
Signature/Registered Agent

6/29/2007
Date

Laverne Thomas
Signature/Incorporator

6/29/2007
Date

FILED
07 JUN 29 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA