

NO 76000 11573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

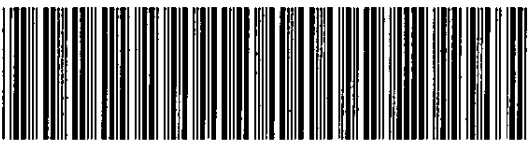
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Certified Copies _____ Certificates of Status _____

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07 NOV 30 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Immanuel Tabernalce of 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: Stephanie Lewis
Name (Printed or typed)

144 Avenue E
Address

Port Saint Joe, Florida 32456
City, State & Zip

(850)227-7901/(850)639-6382
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Immanuel Tabernacle of Faith, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
144 Avenue E
Port Saint Joe, FL 32456

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this Church is to glorify God by obeying the Great commandment(Matthew 22:36-40) and the Great Commission(Matthew 28:18-20). The process is designed to produce disciples of Jesus Christ which involves at least the following four categories: (worship,ministry evangelism and discipleship)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The officers of the Church will consist of a minimum of three persons. The lay officers will be appointed by the Pastor and approved by the Church annually and will serve for a period of one year. Each officer will be an active/resident member of the church.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Board of Trustees:

- | | | |
|---|--|--|
| 1. Carbert M. Williams
P.O. Box 354
Wewahitchka, FL 32465
Exhorter/Senior Deacon | 2. Adrian K. Lewis
144 Avenue E
Port Saint Joe, FL 32456
Minister | 3. Stephanie Lewis
144 Avenue E
Port Saint Joe, FL 32456
Evangelist |
|---|--|--|

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stephanie Lewis
144 Avenue E
Port Saint Joe, FL 32456

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carbert M. Williams
P.O. Box 345
Wewahitchka, FL 32465

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.

Stephanie Lewis
Signature/Registered Agent

11/27/07
Date

Carbert m. Williams Jr.
Signature/Incorporator

11/27/07
Date