

NO 80000002487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

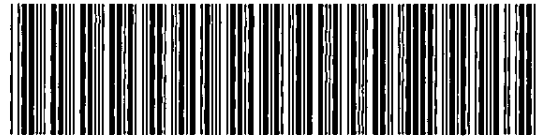
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
08 MAR 12 PM 1:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAR 12 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Daw*  
3-12-08

**COVER LETTER**

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

**SUBJECT:** New Mount Zion Moody Christian Academy, 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:** New Mount Zion Moody MB Church  
Name (Printed or typed)

366 Old Woodville Hwy  
Address

Wakulla, Florida 32305  
City, State & Zip

(850) 421-8457  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

New Mount Zion Moody Christian Academy, Inc.

08 MAR 12 PM 1:50

**ARTICLE II PRINCIPAL OFFICE**

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

366 Old Woodville Hwy  
Wakulla, Florida 32305

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this school is to educate and train children academically and spiritually.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

All positions are appointed

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

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

Minister Dr. Avery McClenton, Th.D: *Dir.*  
Sister Elouise Washington: *Sec.*  
Dr. Deborah Barnes, Ph.D: *Tres.*

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

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

Minister Dr. Avery McClenton, Th.D  
366 Old Woodville Hwy  
Wakulla, Florida 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Minister Dr. Avery McClenton, Th.D  
366 Old Woodville Hwy  
Wakulla, Florida 32305

\*\*\*\*\*  
*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.*

*Avery H. McClenton*  
Signature/Registered Agent

*3/12/2008*  
Date

*Avery M. McClenton*  
Signature/Incorporator

*3/12/2008*  
Date