

NO 80000002487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

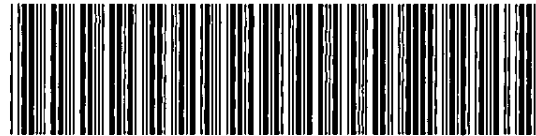
(Business Entity Name)

(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