

109000002937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

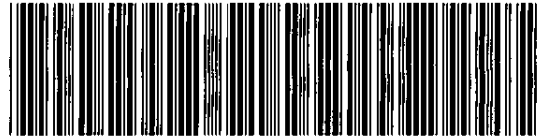
(Business Entity Name)

(Document Number)

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2009 MAR 23 A 6:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 25 2009  
C. A. WHITE

## COVER LETTER

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

**SUBJECT:** TRINITY BAPTIST FULL GOSPEL MINISTRIES, 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:** JOHN B CHRISTOPHER  
Name (Printed or typed)

4040 NE 5TH PL  
Address

OCALA, FL 34470  
City, State & Zip

352-624-9027  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED  
DEPARTMENT OF STATE

09 MAR -3 AM 11:18

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2009

JOHN B. CHRISTOPHER  
4040 NE 5TH PL  
OCALA, FL 34470

SUBJECT: TRINITY BAPTIST FULL GOSPEL MINITRIES, INC  
Ref. Number: W09000008041

We have received your document for TRINITY BAPTIST FULL GOSPEL MINITRIES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word MINITRIES in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled MINITRIES. If you did not misspell this word intentionally, please correct the spelling to read MINISTRIES and resubmit the document for processing.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00005904

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
Phone: (850) 245-6933  
Fax: (850) 245-6934  
Internet: www.flsos.org



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

copy

March 4, 2009

JOHN B. CHRISTOPHER  
4040 NE 5TH PL  
OCALA, FL 34470

SUBJECT: TRINITY BAPTIST FULL GOSPEL MINITRIES, INC  
Ref. Number: W09000008041

We have received your document for TRINITY BAPTIST FULL GOSPEL MINITRIES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please make ALL corrections listed in this letter. MINITRIESMINISTRIES

It appears that the word MINITRIES in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled MINITRIES. If you did not misspell this word intentionally, please correct the spelling to read MINISTRIES and resubmit the document for processing.

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Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00005904

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DEPARTMENT OF STATE  
09 MAR 23 PM 2:48

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

TRINITY BAPTIST FULL GOSPEL MINISTRIES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4040 NE 5TH PL OCALA, FL 34470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NON-PROFIT CHRISTIAN MINISTRIES AND SERVICES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED BY THE INCORPORATOR AND OR BY MAJORITY VOTE OF THE DIRECTORS AND OR OFFICERS

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

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

JOHN B CHRISTOPHER 4040 NE 5TH PL OCALA, FL 34470  
CHARLOTTE CHRISTOPHER 4040 NE 5TH PL OCALA, FL 34470  
CAROLYN KRUSE 16179 SE 15TH ST OCKLAWAHA, FL 32179

SENIOR PASTOR  
TREASURER  
DIRECTOR

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

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

JOHN B CHRISTOPHER 4040 NE 5TH PL OCALA, FL 34470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOHN B CHRISTOPHER 4040 NE 5TH PL OCALA, FL 34470

\*\*\*\*\*  
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.

John B. Christopher  
Signature/Registered Agent

2-12-09  
Date

John B. Christopher  
Signature/Incorporator

2-12-09  
Date

FILED

2009 MAR 23 A 6:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA