

NO9000008989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600159056276

09/01/09--01020--007 **78.75

FILED
2009 SEP 10 P 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: New Birth Christian Center, Incorporated
(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: Pastor Jarvis M. Alls
Name (Printed or typed)

220 McArthur Street
Address

Quincy, Florida 32351
City, State & Zip

(850)875-2165
Daytime Telephone number

nbcc0809@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2009

PASTOR JARVIS M. ALLS
220 MCARTHUR STREET
QUINCY, FL 32351

SUBJECT: NEW BIRTH CHRISTIAN CENTER, INCORPORATED
Ref. Number: W09000039610

We have received your document for NEW BIRTH CHRISTIAN CENTER, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 109A00029410

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 SEP 10 AM 10:35

RECEIVED

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

New Birth Christian Center of Quincy, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

Principal-1514 Florida ~~Street~~ ^{Avenue}, Quincy, Florida 32351

Mailing-220 McArthur Street, Quincy, Florida 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Ministry-To Minister to the spiritual, physical, and social needs of Gods Children. Share the good news of Jesus Christ. Give hope to our community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As provided for in the bylaws of the Full Gospel Baptist Association

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Pastor-Jarvis M. Alls, 220 McArthur Street, Quincy, Florida 32351

Executive Administrative Assistant-Leneatris Thomas, 125 Rumlin Lane, Gretna, Florida 32332

1st Administrative Assistant-Kenya Williams, 669 Gregory Street, Chattahoochee, Florida 32324

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Leneatris Thomas

125 Rumlin Lane

Gretna, Florida 32332

ARTICLE VII INCORPORATOR

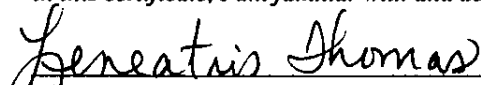
The name and address of the Incorporator is:

Pastor Jarvis M. Alls

220 McArthur Street

Quincy, Florida 32351

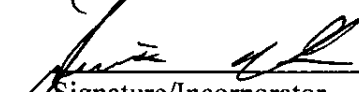
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

08/25/09

Date



Signature/Incorporator

08/25/09

Date

FILED

2009 SEP 10 P 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA