## N10000010090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(4-1), 1-11-11-11,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



## **COVER LETTER**

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

SUBJECT: Upper Room Community Outreach Church, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	and one (1) copy of the Artic	eles of Incorporation and	l 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 CO	OPY REQUIRED	
FROM: Rev. Terrell Alexander  Name (Printed or typed)				
531 South 6th Street				
Address				
Macclenny, Florida 32063 City, State & Zip				
	904 259-2776 531 SouthPertisnaTel	ephone number		

Rocketman39@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I	NAME · Upper Room Comm	unity Outreach Church, Inc.	
The name of the	corporation shall be:	,	
ARTICLE II	PRINCIPAL OFFICE	,	
	Principal street address	Mailing address, if different is:	
	531 South 6th Street	5214 Violet Lane	
	Macclenny, Florida 32063	.Macclenny, Elorida 32063	
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
This corpora	ation is being organized as a church	ministry, to perform all the functions, ordinances	and
	ssociated with a church.		
ARTICLE IV	MANNER OF ELECTION The manner	r in which the directors are elected and appointed:	
		to be held in January of each calender year.	
ARTICLE V		· · · · · · · · · · · · · · · · · · ·	
		dent Name and Title: Karen Alexander Director	
Address:	5214 Violet Lane Macclenny, Florida 32063	Address: 5214 Violet Lane	
	Macclenny, Florida 32063	Macclenny, Florida 32063	
Name and	Title: Gene Tyre Director	Name and Title:	
Address:	14410 Clarence Dobbs Road		
	Glen St. Mary, Florida 32040		
		Name and Title:	<del></del>
	Title:	Name and Title:	
Address:	****		<del></del>
		<u> </u>	<del>-77</del> -
ARTICLE VI	REGISTERED AGENT	e) of the registered agent is:	
The <u>name and Fi</u> Name:	lorida street address (P.O. Box NOT acceptabl Rev. Terrell Alexander	y of the registered agent is:	;
Address:	5214 Violet Lane	—	
riddiess.	Macclenny, Florida 32063	<del>-</del> >''	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	Rev. Terrell Alexander		
Address:	5214 Violet Lane		
	Macclenny, Florida 32063	<del></del>	
		<del></del>	
Having been nai	med as registered agent to accept service of p	ocess for the above stated corporation at the place designated i	n this
certificate, I am f	amiliar with and accept the appointment as reg	stered agent and agree to act in this capacity	
	Micay de.	10 19 0	
/WIX	MUMMA	10-11-10	
	Required Signature of Registered Age	nt Date	
I submitAnis doci	ument and affirm that the facts stated herein a	e true. I am aware that any false information submitted in a doci	ıment
to the Departmen	t of State constitutes a third degree felony as pr	ovided for in s.817.155, F.S.	,
1.11	March	_ ^	
/WIX! /	1111/1000dh -	10-19-10	
7	Required Signature of Incorpora	tor Date	