

NI 0000011488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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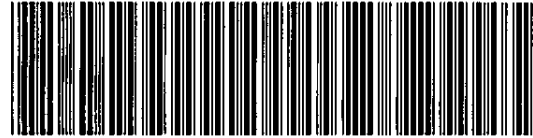
(Business Entity Name)

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2010 DEC 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch DEC 13 2010

COVER LETTER

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

SUBJECT: River of Grace Christian Church, 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: James E. Huxford

Name (Printed or typed)

1725 Southcreek Dr.

Address

Saint Johns, FL 32259

City, State & Zip

904-400-3114

Day and Telephone number

richux@bellsouth.net

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 RIVER OF GRACE CHRISTIAN CHURCH, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1725 Southcreek Dr.
Saint Johns, FL 32259

Mailing address, if different is:
P.O. Box 600286
Saint Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A Church, a fellowship of believers in Jesus Christ as Lord and Savior.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Voted on by the members of River of Grace Christian Church.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James E. Huxford - Minister
Address: 1725 Southcreek Dr.
Saint Johns, FL 32259

Name and Title: Earl R. Storms - Secretary
Address: 3828 English Colony Dr.
Jacksonville, FL 32257

Name and Title: John D. Worley - Secretary
Address: 5244 River Park Villas Dr.
Saint Augustine, FL 32092

Name and Title: _____
Address: _____

Name and Title: Patrick A. Johnson - Secretary
Address: 3524 Ballestero Dr. S.
Jacksonville, FL 32257

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: James E. Huxford
Address: 1725 Southcreek Dr.
Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James E. Huxford
Address: 1725 Southcreek Dr.
Saint Johns, FL 32259

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


Required Signature of Registered Agent

12/4/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

12/4/2010

Date

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2010 DEC 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA