1100000129

(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:					
(Document Number) Certified Copies Certificates of Status					

Office Use Only



900189035769

01/04/11--01037--021 **87.50

TI JAN -4 PM S: 56

Ps 1/6/11

COVER LETTER

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

SUBJECT: Paradise Community Church, Inc.						
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed is an original a	nd one (1) copy of the Artic	les 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 CO	OPY REQUIRED			
FROM:	Edna Haile		_			
Name (Printed or typed)						
5630 West University Avenue						
Address						
Gainesville, Florida 32607 City, State & Zip						
(352) 375-6486 Daytime Telephone number						
hailafira90@yahaa com						
hailefire90@yahoo.com						

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

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The serve of the c		nurch, Inc.	
The name of the c	corporation shall be.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	302 South East Tuscawilla Road	. <u>P</u>	Post Office Box 14
	Micanopy, Florida 32667	.	Aicanopy, Florida 32667
ARTICLE III	PURPOSE		
·	which the corporation is organized is:		
This is a nonprofit forth in Section 6 advancement of r	it corporation, organized solely for the general religious 17 of the Florida Statutes and Section 501 (c)(3) of Inte religion and any other related or corresponding charitat Church" shall be used throughout these articles of incor	rnal Revenue Code ble purposes by the	e of 1983, as amended. To strive for the distribution of its funds for such purposes. Further,
ARTICLE IV	MANNER OF ELECTION The manner in v	which the directors	are elected and appointed:
The corporation shall hos	id annual elections at such time and in such manner as designated in the bylaws	s. The directors will be electe	ed by the Church at the regular business meeting for the annual election. Th
	be no less(4) and will be elected for a term of one year annually. Unless a direct		h director so elected shall continue until a successor shall have been electe.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		Trevin P. Haile, Clerk
Name and Address:	Title: <u>Jasper Allen Sr., Deacon</u> 110 SW Ed Glover Street		5630 West University Avenue
Audress:	Micanopy, Florida 32667		Gainesville, Florida 32607
	THIOGHOPY, I TOTAGE OZOGO		Campovillo, Florida de de la
N. 17	Tit. Comin Haming Financial Constant	N. 1874	Alice Dechelle Trustee
Name and Address:	Title: Carrie Herring, Financial Secretary		Alice Rochelle, Trustee Alice SW Ed Glover Street
Audress.	306 Bay Street (PO Box 14, Micanopy, Florida 32667)		(PO Box 67, Micanopy, Florida 32667)
	Micanopy, Florida 32667		Micanopy, Florida 32667
	, ,		
	Title: Edna Haile, Treasurer		Timothy Hall, Trustee
Address:	5630 West University Avenue		306 Bay Street
	Gainesville, Florida 32607		(PO Box 14, Micanopy, Florida 32667) Micanopy, Florida 32667
			Wilcarlopy, Florida 52007
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agen	ntis:
Name:	Carrie Herring	-	
Address:	302 Bay Street	-	
	Micanopy, Florida 32667	-	
		-	क्षणा, स्टाह्म
ARTICLE VII	INCORPORATOR		\$\frac{\partial \text{\color}}{2} \frac{\partial \text{\color}}{2}
The name and ac	ddress of the Incorporator is:		ာ္ကို တ
Name:	Trevin P. Haile	-	
Address:	5630 West University Avenue	-	
	Gainesville, Florida 32607	-	
		-	
	med as registered agent to accept service of proce		
• •	familiar with and accept the appointment as register		to act in this capacity
C_{α}	Required Signature of Registered Agent		12/12/10
_ Cum	Parity of Signature of Parity and Assert		
	Required Signature of Registered Agent		. Date
I submit this doc	cument and affirm that the facts stated herein are tr	ue. I am aware tho	at any false information submitted in a document
	nt of State constitutes a third degree felony as provid	ed for in s.817.155,	
	Treuin F Hail Required Signature of Incorporator		1.61
	Skeule J. Houle		12/23/2010
	Required Signature of Incorporator	. —	/ Øate