

N11000000675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

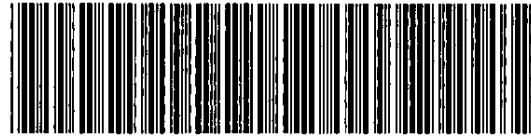
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 24 2011

W11-2031
517

COVER LETTER

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

SUBJECT: Mount Zion African Methodist Episcopal Church of Ocala
(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: B. L. RICHARDSON & ASSOCIATE
Name (Printed or typed)

13800 S. MAGNOLIA AVE
Address

OCALA, FLORIDA 34473
City, State & Zip

352-875-6728
Daytime Telephone number

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

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MOUNT ZION AFRICAN METHODIST EPISCOPAL CHURCH OF
OCALA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

623 S. MAGNOLIA AVENUE
OCALA, FLORIDA 34471

Mailing address is

P.O. BOX 1898
OCALA, FL. 34478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To minister to the spiritual, intellectual, physical and emotional, and environmental needs of all people by spreading Christ's liberating gospel through word and deed. To seek out and save the lost, and serve the needy through a continuing program of Preaching the gospel, Feeding the hungry, Clothing the naked, Housing the homeless, and cheer the fallen.

ARTICLE IV MANNER OF ELECTION

The Church Trustee are elected annually by the membership of the church, by secret ballot as outlined in the Doctrine and Discipline of the African Methodist Episcopal Church.

ARTICLE V INITIAL OFFICERS AND /OR DIRECTOR

Name and Title: Rev. Rhella Murdaugh. Pastor / Director

Address : 623 S. Magnolia Avenue
Ocala, Florida 34471

Name and Title Felicia Jackson, Dir/ Secretary

Address 623 S. Magnolia Avenue
Ocala, Fl 34471

Name and Title Homer Gary, Dir/ Trustee

623 S. Magnolia Avenue
Ocala, Fl. 34471

ARTICLE VI REGISTERED AGENT

Name and Address

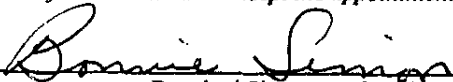
Bonnie Simon
623 S. Magnolia Avenue
Ocala, Fl 34474

ARTICLE VII INCORPORATOR

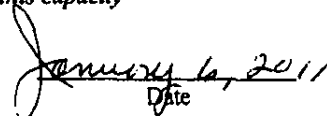
Name and Address

Rev Rhella Murdaugh
623 S. Magnolia Avenue
Ocala, Fl. 34471

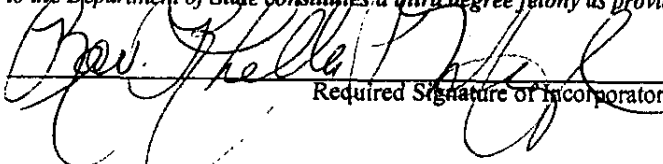
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



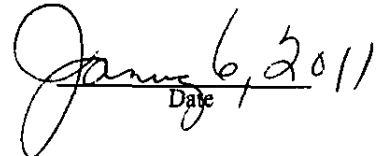
Required Signature of Registered Agent


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


Date

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