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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

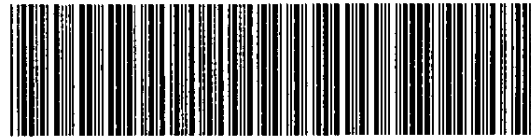
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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2/4/11

## COVER LETTER

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

SUBJECT: First Christian Baptist 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: Harold Robert  
Name (Printed or typed)

4820 Jefferson Lane APT. 201  
Address

Naples, FL 34116  
City, State & Zip

(239) 601-7643  
Daytime Telephone number

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

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**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**

The name of the corporation shall be: First Christian Baptist Church Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1411 Lake Trafford Rd.

Immokalee, FL 34142

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DIVISION OF CORPORATIONS

Mailing address, if different is:  
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To serve the community of Immokalee, FL and all of southwest Florida as we spread the message and love of our Savior Jesus Christ.

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

By members of the church casting a ballot.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President

Address: Harold Robert

4280 Jefferson Lane APT 201

Naples, FL 34116

Name and Title: Senior Vice President

Address: Lamas Blaise

2515 Andrew Dr.

Naples, FL 34112

Name and Title: Executive Vice President

Address: Idellette Garcons

1497 Peace Way

Immokalee, FL 34142

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Harold Robert

Address: 4280 Jefferson Lane APT 201

Naples, FL 34116

**ARTICLE VII INCORPORATOR**

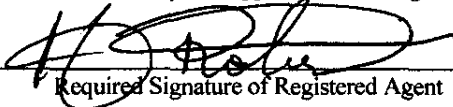
The name and address of the Incorporator is:

Name: Harold Robert

Address: 4280 Jefferson Lane APT 201

Naples, FL 34116

*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

01/31/2011

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

01/31/2011

Date