

N110000002349

(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:

Per DMS.ME
OK to change
Incorporation
RV

Office Use Only



300196741233

03/04/11--01023--004 **70.00

W11-17461

SECRET
STATE
FBI/DOJ
FBI/DOJ

2011 MAR -4 PM 4:41

FILED

T. Burch MAR 10 2011

COVER LETTER

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

SUBJECT: Crusaders for Christ World Mission and
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Evangelism, Inc.

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: Dr. Mary Smith McCoy
Name (Printed or typed)

4642 Fairleigh Ave
Address

Jacksonville, FL 32208
City, State & Zip

904-674-7831
Daytime Telephone number

Maryameccoy48@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

The name of the corporation shall be:

Crusaders for Christ World Mission And Evangelism, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

*4642 Fairleigh Ave
Jacksonville, FL
32208*

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *To Reach Souls for the Kingdom of God through Mission and Evangelism. Crusaders for Christ will preach and teach the word of God by means of parks and street ministry, prison and jail ministry, church, feeding the homeless and clothing ministry, Nursing Home etc*

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

Directors are elected and appointed according to By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Dr. Mary Smith McCoy*
Address: *4642 Fairleigh Ave
Jacksonville, FL 32208
Director and President*

Name and Title: *Stephanie Boykins*
Address: *1478 Riverplace Blvd
Suite 201 Zip 32207
Jacksonville, FL Director/Vic. President*

Name and Title: *Dr. Petty Pender*
Address: *10620 Meadowlea Drive
Jacksonville, FL 32218
Director Asst. Secretary*

Name and Title: *Cynthia Smith*
Address: *411 Benson Street
Valrico FL 33594
Director*

Name and Title: *Mc Arthur Smith*
Address: *3190 Edgewood Ave west
apt. 49 Jacksonville, FL 32209
Director*

Name and Title: *Mary L. Adams*
Address: *3803 Nancy Street
Jacksonville, FL 32209
Secretary*

ARTICLE VI REGISTERED AGENT

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

Name: *Dr. Mary Smith McCoy*
Address: *4642 Fairleigh Ave
Jacksonville FL 32208*

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: *Dr. Mary Smith McCoy*
Address: *4642 Fairleigh Ave
Jacksonville, FL 32208*

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

Dr. Mary Smith McCoy
Required Signature of Registered Agent

03/01/11
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.

Dr. Mary Smith McCoy
Required Signature of Incorporator

03/01/11
Date

FILED
2011 MAR -4 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA