N11000003120

| (Requestor's Name) |
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| |
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
FALL AHASSEE, FLORID.

Office Use Only

MD 3/28

W11-15277

COVER LETTER

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

| Enclosed is an original | and one (1) copy of the Ar | ticles of Incorporation and | d a check for : |
|-------------------------|--|---|--|
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED |

FROM: HENRY D. Schnson
Name (Printed or typed)

1310 P.D. Box 22

Address

Winter Haven Ha 33882

City, State & Zip

Daytime Telephone number

Aunt have a E-mail at the time

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

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



March 16, 2011

HENRY D. JOHNSON P.O. BOX 22 WINTER HAVEN, FL 33882

SUBJECT: TRINITY TRUE HOLINESS CHURCH OF GOD INC!

Ref. Number: W11000015277

We have received your document for TRINITY TRUE HOLINESS CHURCH OF GOD INC! and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 311A00006478

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

| ARTICLE I NAME | 1 2 Car Court The | | | |
|--|--|--|--|--|
| The name of the corporation shall be: | church of solouted Inc | | | |
| Variable of The Control of the Contr | | | | |
| 5. R. SHO 6900 Walking Rd Waverly Fla 33877 | Po Mailing address, indifference: Winter Haven | | | |
| ARTICLE III PURPOSE | FLOS 2: 3 | | | |
| The purpose for which the corporation is organized is: NON Profit Church organization to truth And Honesty for all Sur | worship GET IR rounding Towns, People | | | |
| ARTICLE IV MANNER OF ELECTION The manner in which the director | • | | | |
| Appointed | s are elected and appointed. | | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | | | | |
| Name and Title: PCS ident Henry U. Somon Name and Title Address: 1310 740 St. S. C. Address: | : Mulhie: BUIL | | | |
| Winter Haven In | Haires outy ta | | | |
| 33880 Digrid | 11 33×44 | | | |
| Name and Title: Vic-Proiden T Annu He Johnson Name and Title Address: 1310 740 54. 5. E. Address: | Barthara Oliver | | | |
| Winter Haven Flag | Warry Tig 33877 | | | |
| | | | | |
| Name and Title: DIRECTOR BUBBLE EVANS Name and Title Address: 122 4 794 14 90 14 100 PRAddress: | LEGACIO Bryd | | | |
| Dinder Pla 33838 | Haims (1 ty 719 | | | |
| ARTICLE VI REGISTERED AGENT | | | | |
| The pame and Florida street address (P.O. Box NOT acceptable) of the registered age | nt is: | | | |
| Name: HENRY D. SONNSOY T | | | | |
| Winter Haven Tig | | | | |
| APETEL F WILL PROPERTY AND | | | | |
| The name and address of the Incorporator is: | | | | |
| Name: HENN J-JOHNSON Address: (310 1th St. S.E.) | | | | |
| Winter Haven Fla. | · | | | |
| Having been named as registered agent to accept service of process for the above s | stated comparation at the place decianated in this | | | |
| certificate, I am familiar with and accept the appointment as registered agent and agre- | e to act in this capacity | | | |
| Henry W (Johnson | 3-22-11 | | | |
| 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 | 5, F.S. | | | |
| Henry W Johnson | 3-22-11 | | | |
| Requited Signature of Incorporator | Date | | | |