## N11000007108

(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:  ADDED 2 ZIP CODES (5 +T)  AND ADDED TIPLE TO  THEASURER PER TELEPHIA
TO 07/26/11

Office Use Only

900209949029

07/18/11--01004--012 \*\*87.50

11 JUL 26 PH 1: 08

x 07/27/11

W11-37935



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2011

PASTOR TONY WASHINGTON 632 N W BAYSHORE BLVD. PORT SAINT LUCIE, FL 34983

SUBJECT: THE NEW BEGINNING KINGDOM OF GOD COMMUNITY CHURCH

Ref. Number: W11000037935

We have received your document for THE NEW BEGINNING KINGDOM OF GOD COMMUNITY CHURCH 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: <u>CORPORATION</u>, <u>CORP.</u>, <u>INCORPORATED</u>, or <u>INC.</u> Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please include the Zipcodes for the Principal Office Address and for all the Officers/Directors addresses.

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

Letter Number: 911A00017114

## **COVER LETTER**

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

SUBJECT: _	The	New Begin	oning King	adom of 700 E-MUST INCLUDE	Community	Church
		(PROPOSED C	ORPORATE NAM	E – <u>MUST INCLUDE</u>	SUFFIX)	

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	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

Pastor Tony Washington
Name (Printed or typed)

1032 NW Bayshure Blvd.
Address
Port Saint Lucie, Florida
City, State & Zip 34983

772-353-5426

Daytime Telephone number

Washingtoncatherine 55@ unhas.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)

The name of the corporation shall be: The New Begins	ning Kingdom of God Community Church Inc
ARTICLE II PRINCIPAL OFFICE  Principal street address  48 W 47h Street  St. Augustine, Florida  32.084	Mailing address, if different is:  632 N W Payshore Blvd.  Port Saint Lucie, Florida 34983
husi	ion, saving of souls. Their project include of limited to, grants, affordable housing, a development through intervention, elderly, healthcare, feeding the home less, and iness opportunities.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: Tony T Washing ton Address: Washing Lumer 34983  Name and Title: My keshia Culmer 34983  Name and Title: My keshia Culmer 34983  Address: Church Secretary  948 W 445 Street  54. Augustine, Florida  32084	Name and Title: Catherine A. Washington  Address:  Address:  Address:  Assistant Diverter  Addre
Name and Title:  Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Address:  Address:	Name and Title:  Address:
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Name:  Address:	26 PH I: 08 ASSESTED A
Having been named as registered agent to accept service of proceed certificate. I am familiar with and accept the appointment as registered Required Signature of Registered Agent	res for the above stated corporation at the place designated in this red agent and agree to act in this capacity  Date
I submit this document and affirm that the facts stated herein are tr. to the Department of State constitutes a third degree felony as provide  Required Signature of Incorporator	ue. I am aware that any false information submitted in a document ded for in s.817.155, F.S.  7/14/// Date