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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Fili	ng Officer:					

Office Use Only

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12 JAN -9 PM 3: 25
SECRETARY OF STATE
ALLAHASSEE, FLORID,

MP 10/12

## COVER LETTER

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

SUBJECT: Connections Community Church Inc (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)							
(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 C	OPY REQUIRED				
FROM: Jeffery Johnson  Name (Printed or typed)							
3101 N. 34th Street Address							
Tam pa FL 33605							
813-248-6548 ext-223 Daytime Telephone number							

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

問題。包置了學長的

12 JAN -9 AM 11:23

## FLORIDA DEPARTMENT OF STATE TALLAHASSEE. FLORIDA Division of Corporations

December 9, 2011

JEFFERY JOHNSON 3101 N. 34TH STREET TAMPA, FL 33605

SUBJECT: CONNECTION COMMUNITY CHURCH, INC

Ref. Number: W11000061718

We have received your document for CONNECTION COMMUNITY CHURCH, 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 611A00027543

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of the corp	NAME poration shall be: Connections Con	mmunit C	huch. In C				
ADTIOLE IL I							
ARTICLE II F	Principal Street address  3 0 1 N. 3 1 th Street  Tampa FL 33605	<u>P.</u>	Mailing address, i 0. Box 5008 Campa FL 33	f different is:			
ARTICLE III	PURPOSE						
	ich the corporation is organized is:						
TO Sand OF	a solution is organized is.	che de laki	Wale FL b	V offerm			
To serve as a religious support to the City of Lake Wale, PL by offering empowerment service, mentorship, training, and spiritual development,							
empowerme	nt Service, mentorship, training,	and Spirit	el development	,			
	<b>MANNER OF ELECTION</b> The manner in w	which the directors are	e elected and appointed:	_			
	They are	e appointe	el by the Presi	ident			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	• •	•				
Name and Title Address:	e: Jeffery Johnson President 929 Balaye Ridge CIT#102 Tampa, PL 33614						
Name and Title Address:	e: Maria Scott-Johnson 929 Baine Ridge Cir 4WZ Tampu, PL 3344						
Name and Title Address:	= Brenda Burnov 3503 N. 11 Stheet Tampa, FL 33605	Name and Title:					
	REGISTERED AGENT		<u>-</u>	<b>,</b>			
The <u>name and Flori</u> Name: Address:	da street address (P.O. Box NOT acceptable) of the street acceptable (P.O. Box NOT acceptable) of the street accep	the registered agent is	LLAHA	FIL 12 JAN -9 SECRETARY			
ARTICLE VII	INCORPORATOR		i.i.	2 2 M			
	ess of the Incorporator is:		77	S to			
Name: Address:	3101 N. 34t Stree+		ORIDA	3: 25			
	as registered agent to accept service of procesiliar with and accept the appointment as registere			lace designated in this			
<del> </del>	Required Signature of Registered Agent	···	D	ate			
	ent and affirm that the facts stated herein are tru f State constitutes a third degree felony as provide		any false information su				
	Required Signature of Incorporator		, , , , , , , , , , , , , , , , , , ,	ate			