

N 12000000568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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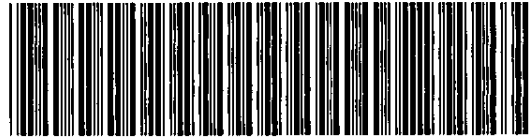
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JAN 13 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 16 10:00
STATION 1

COVER LETTER

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

SUBJECT: Trinity of Light, 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: William F. Dodd

Name (Printed or typed)

9360 SW 32nd Ct.

Address

Ocala, FL 34476

City, State & Zip

352.237.9998

9360 SW 32nd Ct. Telephone number

revbilldodd@aol.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Trinity of Light, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9360 SW 32nd Ct.
Ocala, FL 34476

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate as a non-profit non-denominational church providing an ongoing environment for the enrichment of Mind, Body and Spirit. It is open to all truth seekers to create an interfaith location for introspection, reflection and intuitive awareness.

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

Directors will be appointed on an annual basis with elections held in January of each year. The church membership will vote for the directors and the titles will be determined by the directors at their discretion after the annual elections.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynda Kinder
Address: 3621 SE 26th Avenue
Ocala, FL 34471

Name and Title: _____
Address: _____

Name and Title: Tanya Kalamanka
Address: 3214 SE 39th Ave.
Ocala, FL 34480

Name and Title: _____
Address: _____

Name and Title: Cindy Mikell
Address: 1035 NE 22nd Place
Ocala, FL 34470

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: William F. Dodd
Address: 9360 SW 32nd Ct.
Ocala, FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William F. Dodd
Address: 9360 SW 32nd Ct.
Ocala, FL 34476

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



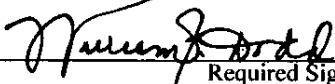
Required Signature of Registered Agent

WILLIAM F. DODD

January 13, 2012

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

WILLIAM F. DODD

January 13, 2012

Date

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2012 JAN 13 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA