N12000001171

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

600218599096

01/20/12--01026--005 **87.50



Office Use Only

T Buren FFB __1 2012

COVER LETTER

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

SUBJECT: Spiritual Harvest Christian Center Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

STO.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

\$87.50

ADDITIONAL COPY REQUIRED

FROM: Steven L Aldridge

Name (Printed or typed)

6334 Osprey Lake Circle

Address

Riverview, Florida 33578

813-600-5316/ 1-800-210-2301

Daytime Telephone number

spiritualharvestchristiancenter@yahoo.com

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

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



RECEIVED

12 JAN 31 AM 10: 26

FLORIDA DEPARTMENT OF STATE^{ON CONTRACTION OF CONTRACTORY Division of Corporations}

January 23, 2012

STEVEN L ALDRIDGE 6334 OSPREY LAKE CIRCLE RIVERVIEW, FL 33578

SUBJECT: SPIRITUAL HARVEST CHRISTIAN CENTER INC. Ref. Number: W12000004048

We have received your document for SPIRITUAL HARVEST CHRISTIAN CENTER 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):

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.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 312A00001538

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallahasson Florida 32314

ARTICLES OF INCORPORATION

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

<u>AK I</u>	ICLE .	L	NAME		
The r	name of	the con	poration	shall	be:

Spiritual Harvest Christian Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6334 Osprey Lake Circle
Riverview, Elorida
33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our mission is to restore and rehabilitate God's people unto salvation by preaching and teaching the Word of God and also by providing the services and training needed to assist the believer on his or her quest for Transformation * Restoration * Education * and Rehabilitation. To reach out to all souls that are lost, that no man, woman, boy or girl and child be left out despite of his or circumstances, condition, or financial ability.

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

The manner of which Directors will be elected will be as followed; Each director will be elected by a vote of casting of a ballot by the membership who is eligible to vote, which is also defined in our church by-laws, the number of directors shall be three (3) no less than 1 **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

		<u> </u>	
Name and T	itle: <u>Rev Steven L Aldridge</u>	Name and Title:	
Address:	Pastor and Founder/President	Address:	
	6334 Osprey Lake Circle		
	Riverview, Florida 33578		
Name and T	itle:Billie Gene Harris	Name and Title:	
Address:	Secretary	Address:	· · · · · · · · · · · · · · · · · · ·
	9541 Newdale way #202		• • • •
	Riverview, Florida 33578		
Name and T	itle:Lamar Burton	Name and Title	
Address:	Treasurer		
Address.	532 McEarchern	//duless.	
	Lakeland, Florida 33805		
ARTICLE VI	REGISTERED AGENT		- 25
The name and Flo	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	ECC 2
Name:	Rev. Steven L Aldridge		JAN ARET
Address:	6334 Osprey Lake circle		
	Riverview, Florida		SAR 3
	33578		FILED JAN 31 PH JRETARY OF LAHASSEE, F
	•		
	INCORPORATOR		
The <u>name and ado</u>	dress of the Incorporator is:		D FSTATE FLOPID:
Name:	Rev. Steven L Aldridge		P = 6
Address:	6334 Osprey Lake Circle		· •
	Riverview, Florida		
	33578		

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

01/17/2012 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

01/17/2012 Date