N12000001309

(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:				
•				





200220358342

3 02/03/12--01018--001 **78,75

12 FEB -3 PH № 32

26



COVER LETTER

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

SUBJECT: Ancient of Days Church of God in Christ, Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

370.00 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:	Audrey A. Noble Name (Printed or typed)			
886 Angela Drive				
Tallahassee, FL 32305 City, State & Zip				
	850.765.8012 886 Angeliantime Tel	·		
	mseagle@cova	d.net	tion)	

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

5 18.1

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be: Ancient of Days Church of God in Christ, Incorporated					
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if different is:		
	886 Angela Drive	<u> </u>			
	Tallahassee, FL 32305	_			
ARTICLE III	PURPOSE				
·					
	which the corporation is organized is:	مامديم ممناسيات			
			purposes, the making of distributions		
	ons that quality as exempt organization, or the corresponding section of any		tion 501(c)(3) of the Internal Revenue		
Service code	, or the corresponding section of any	iulure leuerai	tax code.		
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and appointed:		
Directors will	be appointed by the pastor who serv	es as the Cha	airman of the Board.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO				
	itle: Audrey A. Noble, Pastor/Chairman	-	:: Allan Alexander, Director 171 River Drive		
Address:	886 Angela Drive Tallahassee, FL 32305	Address:	East Palatka, FL 32131		
	Tananassec, 1 L 02000	-	Last I alatha, I L 32 I J		
N 1.00	Vil Farmer Dieberdeen Director		Linda Alayandar Diractor		
Name and 1 Address:	itle: Ferman Richardson, Director 1436 Kingford Avenue		171 River Drive		
Address.	Tallahassee, FL 32310	Addiess.	East Palatka, FL 32131		
					
Name and T	itle: Katie Floyd, Director	Name and Title	e:		
Address:	912 Ridge Road	Address:	· · · · · · · · · · · · · · · · · · ·		
	Tallahassee, FL 32310	_			
		_			
ARTICLE VI REGISTERED AGENT					
	orida street address (P.O. Box NOT acceptable) o	f the registered age	ent is: $\vec{\mathcal{R}}$		
Name:	Dorothy Richardson	_			
Address:	1486 W. Orange Ave. Tallahassee, FL 32304	-	₩ ₩		
	Talialiassee, FL 32304	-	i i i i i i i i i i i i i i i i i i i		
					
ARTICLE VII	INCORPORATOR				
Name:	dress of the Incorporator is: Audrey Noble				
Address:	886 Angela Drive	_	23 53		
	Tallahassee, FL 32305	-	1219		
Having been nan	ned as revistered agent to accept service of proc	ess for the above	stated corporation at the place designated in this		
	umiliar with and accept the appointment as register				
JA 11			121/2		
VANIK	Required Signature of Registered Agent		1/31/12		
	Required Signature of Registered Agent		Dale		
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.					
1.1.	a 11. Il.		.10.1.0		
(Maxil)	a. Noble		1/31/12		
<i>''</i>	Required Signature of Incorporator		• Date		