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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers FEB 20 2012

## COVER LETTER

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

SUBJECT: Bethlehem Youth Ministries, 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: Charles J. Russell  
Name (Printed or typed)

PO Box 162977  
Address

Altamonte Springs, FL 32716  
City, State & Zip

407-421-5602  
Main Telephone number

iamonthego@msn.com  
E-mail address: (to be used for future annual report notification)

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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**

Bethlehem Youth Ministries, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
51-52 Main Street  
Enterprise, FL 32725

Mailing address, if different is:  
PO Box 162977  
Altamonte Springs, FL 32716

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Said corporation is organized exclusively for charitable, educational, and religious purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as tax exempt under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

As provided in the Bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Charles J. Russell, Director  
Address: PO Box 162977  
Altamonte Springs, FL 32716

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Michael J. Fogle, Director  
Address: PO Box 162977  
Altamonte Springs, FL 32716

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Coleman Kidd Cosgrove, Director  
Address: PO Box 162977  
Altamonte Springs, FL 32716

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: Charles J. Russell  
Address: 51-52 Main Street  
Enterprise, FL 32725

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles J. Russell  
Address: 51-52 Main Street  
Enterprise, FL 32725

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

Charles J. Russell  
Required Signature of Registered Agent

2-15-12  
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.

Charles J. Russell  
Required Signature of Incorporator

2-15-12  
Date