

N12000001890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

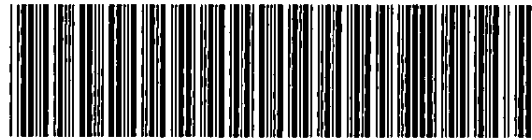
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/21/12--01001--004 **78.75

RECEIVED

12 FEB 20 PM 3:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 FEB 20 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Burch FEB 20 2012

COVER LETTER

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

SUBJECT: True Vine F.B.I. Church
(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 Beamer
Name (Printed or typed)

43 Equine Drive
Address

Crawfordville, Fl. 32327
City, State & Zip

(850) 912-8192
Daytime Telephone number

cbmedlock@bellsouth.net
E-mail address: (to be used for future annual report notification)

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: True Vine F.B.H. Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1439 Sparring St.
Jacksonville, Fl. 32206

Mailing address, if different is:

P.O. Box 5901
Jacksonville, Fl. 32447

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious Inst.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Church by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cedric Medlock, Deacon/Trustee
Address: 8873 Brookshire Ct
Jacksonville, Fl. 32257

Name and Title: Melvin Tisdale, Deacon
Address: 5 Berpie Lane
Palm Coast, Fl. 32146

Name and Title: Lynwood Tisdale, Deacon/Finance
Address: 8236 Old English Dr.
Jacksonville, Fl. 32244

Name and Title: _____
Address: _____

Name and Title: Barbara Medlock, Sec.
Address: 8873 Brookshire Ct.
Jacksonville, Fl. 32257

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

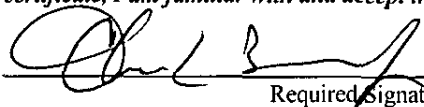
Name: Charles Beamer
Address: 43 Equire Dr.
Camdenville, Fl. 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Beamer
Address: 43 Equire Dr.
Camdenville, Fl. 32327

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

2/20/12
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.


Required Signature of Incorporator

2/20/12
Date