N1200002031

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP		MAIL
(Busir	ess Entity Nam	ne)
(Dec)	ment Number)	
(Docu	ment Number	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
 	Office Use Onl	

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ADDEAN PRESERVE ANY CARPONING 12 FEB 21 PH 5: 06



COVER LETTER



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

SUBJECT: IGLESIA LA GRAN COSECHA PARA CRISTO (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

S70.00 Filing Fee Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL C	

FROM: WILMAN NAVAS

Name (Printed or typed)

8507 FOXHALL DRIVE

Address

TAMPA, FL, 33615

City, State & Zip

813-526-5708

8507 FOXNALIND RIN phone number

LAGRANCOSECHAPARACRISTO@GMAIL.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 FEB 21 AH 10: 33

FLORIDA DEPARTMENT OF STATESION OF CORPORATIONS

February 6, 2012

WILMAN NAVAS 8507 FOXHALL DR TAMPA, FL 33615

SUBJECT: IGLESIA LA GRAN COSECHA PARA CRISTO Ref. Number: W12000006981

We have received your document for IGLESIA LA GRAN COSECHA PARA CRISTO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 412A00004688

www.sunbiz.org

Division of Corporations - PO BOX 6327 - Tallahassee Florida 32314

	ARTICLE9 OF IN In compliance with Chapte		
ARTICLE I The name of the c	NAME IGLESIA LA GRAN CO	SECHA PA	
ARTICLE II	PRINCIPAL OFFICE Principal <u>street</u> address 8507 FOXHALL DRIVE TAMPA, FL, 33615	-	Mailing address, if different is:
ARTICLE III	PURPOSE	-	
he purpose for v	which the corporation is organized is:		
to provid	E SOCIAL AND SPIRITUAL HELP TO) THOSE IN	NEED
ARTICLE IV BY ELECTIC	MANNER OF ELECTION The manner in ON OF THE MEMBERS	which the directo	ors are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
	itle: WILMAN NAVAS. PRESIDENT	Name and Titl	e:BEATRIZ CASTRO
Address:	8507 FOXHALL DRIVE	_ Address:	8507 FOXHALL DRIVE
	TAMPA, FL, 33615		TAMPA, FL, 33615
		-	
	Title: CARLOS MONTOYA, SECRETARY		e:HILDA ECHEVERRI, TREASURER
Address:	3450 PALENCIA DRIVE # 2114 TAMPA, FLORIDA 33618	_ Address:	3450 PALENCIA DRIVE# 2114
		-	TAMPA, FLORIDA 33618
Nome and T	Nela.	- Nama and Tisl	
Address:	`itle:	_ Name and Hu Address	e:
ruuress.			
		_	
RTICLE VI	REGISTERED AGENT		
	Drida street address (P.O. Box NOT acceptable) of	the registered ag	ent is:
	WILMAN NÀVAS	_	
Name:	8507 FOXHALL DRIVE	-	
Name: Address:			the second se
	TAMPA, FL, 33615	-	
		-	PH 20
Address:	TAMPA, FL, 33615	-	PH S
Address:	IAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is:	-	င္ သူး
Address: ARTICLE VII The name and address Name:	INCORPORATOR INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI	-	
Address: RTICLE VII he <u>name and add</u>	TAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114	-	င္ သူး
Address: ARTICLE VII The <u>name and add</u> Name:	INCORPORATOR INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI	-	င္ သူး
Address: ARTICLE VII he <u>name and add</u> Name: Address:	TAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA, FL, 33618	- - - - -	5:06
Address: ARTICLE VII The <u>name and add</u> Name: Address: Address:	IAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA, FL, 33618 wed as registered agent to accept service of process	- - - - ss for the above	stated corporation at the place designated in
Address: RTICLE VII the <u>name and add</u> Name: Address: <i>aving been name</i>	TAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA, FL, 33618	- - - - - ss for the above ed agent and agro	stated corporation at the place designated in
Address: Address: Anticle VII he name and address: Name: Address: Address:	IAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA, FL, 33618 wed as registered agent to accept service of process	- - - - ss for the above 2d agent and agro	stated corporation at the place designated in ee to act in this capacity
Address: Address: Anticle VII he name and address: Name: Address: Address:	IAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA. FL, 33618 med as registered agent to accept service of procesumiliar with and accept the appointment as registered	- - - - ss for the above ed agent and agro	stated corporation at the place designated in ee to act in this capacity $\frac{01/30/2012}{2}$
Address: ARTICLE VII The <u>name and add</u> Name: Address: Address:	IAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA, FL, 33618 wed as registered agent to accept service of process	- - - - ss for the above ed agent and agro	stated corporation at the place designated in ee to act in this capacity
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Address: ARTICLE VII The <u>name and add</u> Name: Address: Iaving been name ertificate, I am fa	IAMPA, FL, 33615 INCORPORATOR dress of the Incorporator is: HILDA ECHEVERRI 3450 PALENCIA DRIVE # 2114 TAMPA. FL, 33618 med as registered agent to accept service of procesumiliar with and accept the appointment as registered with and accept the appointment as registered With Required Signature of Registered Agent ment and affirm that the facts stated herein are training	ed agent and agro	stated corporation at the place designated in ee to act in this capacity $\frac{01/30/2012}{Date}$ hat any false information submitted in a docum is, F.S.