

N12000003452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

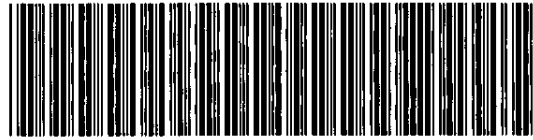
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -2 AM 11: 58

FILED

J. Shivers APR 03 2012

COVER LETTER

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

SUBJECT: Bible Deliverance Church Corp.
(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: David Thomas Thigpen
Name (Printed or typed)

4493 NE Colin Kelly Hwy
Address

Madison FL 32340
City, State & Zip

850) 973-6596
Daytime Telephone number

bibledeliverancechurch@yahoo.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

The name of the corporation shall be: Bible Deliverance Church Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
720 South Range Ave
Madison FL 32340

Mailing address, if different is:
4493 NE Colin Kelly Hwy
Madison FL 32340

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church worship service for the purpose of religious Christian worship

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elected by 2/3 majority of church members annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Sealey D
Address: 113 NE Fir Street
Pinetta FL 32350

Name and Title: _____
Address: _____

Name and Title: Tommy Thiipen D
Address: 4517 NE Colin Kelly Hwy
Madison, FL 32340

Name and Title: _____
Address: _____

Name and Title: Edward Hutchinson D
Address: 2169 SE Bloxham Way
Madison, FL 32340

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: Thomas Thiipen
Address: 4493 NE Colin Kelly Hwy
Madison, FL 32340

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas Thiipen
Address: 4493 NE Colin Kelly Hwy
Madison, FL 32340

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TALLAHASSEE, FLORIDA
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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

Thomas Thiipen
Required Signature of Registered Agent

3/29/12
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.

Thomas Thiipen
Required Signature of Incorporator

3/29/12
Date