

N12000003452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

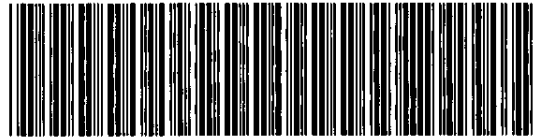
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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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**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