

N12000005842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

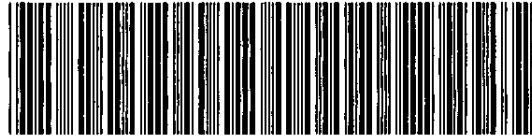
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 11 PM 2:57

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RECEIVED

12 JUN 11 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2012

LEROY E MILLER
1180 WOODSMERE AVENUE
ORLANDO, FL 32839-2837

SUBJECT: CROSSPOINTE/TRINITY FOUR SQUARE GOSPEL CHURCH
Ref. Number: W12000030157

We have received your document for CROSSPOINTE/TRINITY FOUR SQUARE GOSPEL CHURCH 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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 312A00015710

COVER LETTER

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

SUBJECT: Crosspointe/Trinity Four Square Gospel 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: Leroy E. Miller

Name (Printed or typed)

1180 Woodsmere Avenue

Address

Orlando FL 32839-2837

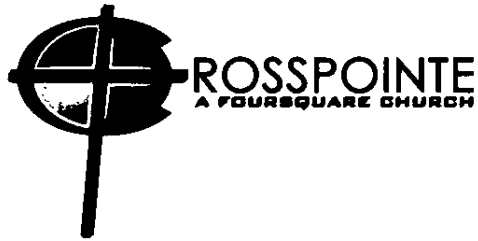
City, State & Zip

1180 Woodsmere Avenue Telephone number

leroy@crosspointe 4 square.org

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



June 7, 2012

Pamela Smith
Regulatory Specialist 11
Re. Crosspointe / Trinity Four Square Gospel Church Incorporated.
Ref. Number W12000030157

I have made the corrections you requested on the document enclosed. I hope everything on this one meets the expectation of your division. I can be reached at the address listed on the form: 1180 Woodsmere Ave. My office phone number is (407) 855-5540; My cell number is (407) 810-6558. Thanks again for your help, it is greatly appreciated.

Respectfully,

Leroy E. Miller.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Crosspointe/Trinity Four Square Gospel Church Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

1180 Woodsmere Avenue

Orlando Fl. 32839-2837

Mailing address, if different is:

same as principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate and maintain a religious corporation and to propagate and disseminate the religious principles embraced in the four square gospel. To operate exclusively for charitable religious or educational purposes to include missionary and benevolent purposes.

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

The Directors are appointed by a committee of six council members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry J. Parks: Senior Pastor

Address: 7004 Coral Cove Drive

Orlando Fl. 32818-2865

Name and Title: Delories Parks: Pastor

Address: 7004 Coral Cove Drive

Orlando Fl. 32818-2865

Name and Title: Leroy E. Miller: Administrator

Address: 7015 Oakmore Lane

Orlando Fl. 32818-8810

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Leroy E. Miller

Address: 7015 Oakmore Lane

Orlando Fl. 32818-8810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

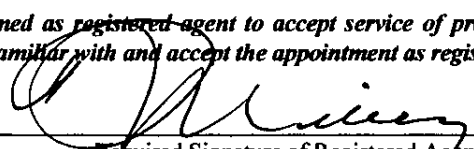
Name: Larry J. Parks

Address: 7004 Coral Cove Drive

Orlando Fl. 32818-2865

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DIVISION OF CORPORATIONS
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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


Required Signature of Registered Agent

LEROY E. MILLER

May 17, 2012

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

LARRY J. PARKS

May 17, 2012

Date