

N12 0000006262

(Requestor's Name)

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(City/State/Zip/Phone #)

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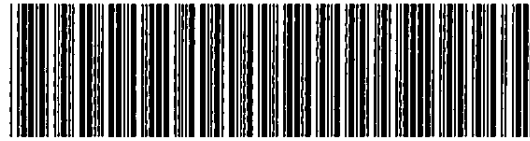
(Business Entity Name)

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TALLAHASSEE, FLORIDA

114

## COVER LETTER

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

**SUBJECT:** Refuge Church of Our Lord Jesus Christ of the Apostolic Faith, Inc.-New Smyrna Beach, FL  
**(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:** Pastor Heyward Evans, Sr.  
Name (Printed or typed)

623 N Duss Street  
Address

New Smyrna Beach, Fl. 32168  
City, State & Zip

(386) 788-7326  
623 N Duss Street Telephone number

scsuevans.heyward@aol.com  
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: **Refuge Church of Our Lord Jesus Christ of The Apostolic Faith, Inc. - New Smyrna Beach, FL**

### **ARTICLE II - PRINCIPAL OFFICE**

Principal street address  
623 N Duss Street  
New Smyrna Beach, FL 32168

Mailing address, if different is:  
P O Box 6314  
Daytona Beach, FL 32168

### **ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is:

# To provide religious Worship Services

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

## Directors will be appointed by the Pastor and members

### **ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Heyward Evans, Sr.-Pastor/President  
Address: 214 Devon Street  
Port Orange, FL 32127

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Lonnie M Jenkins-Secretary/Treasurer  
Address: 512 Sinnka Street  
New Smyrna Beach, FL 32168

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Helen M. Evans-Treasurer/Director  
Address: 214 Devon Street  
Port Orange, FL 32127

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: Heyward Evans, Sr.  
Address: 214 Devon Street  
Port Orange, FL 32127

### **ARTICLE VII - INCORPORATOR**

The name and address of the Incorporator is:

Name: Heyward Evans, Sr.  
Address: 214 Devon Street  
Port Orange, FL 32127

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.

Heyward Evans, Sr.

Required Signature of Registered Agent

6/19/2012

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.

Heyward Evans Sr.

Required Signature of Incorporator

6/19/2012

Date

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JUN 25 PM 2:16  
TALMADGE, FLORENCE