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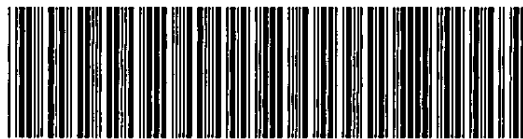
(Business Entity Name)

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12 JUL -3 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL 32399

J. Busch JUL -3 2012

COVER LETTER

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

SUBJECT: BarnHam Graduate School and Seminary Inc.
(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: BarnHam Graduate School and Seminary Inc.
Name (Printed or typed)

8107 Nalcrest Rd.
Address

Nalcrest, FL 33856
City, State & Zip

832-232-4323
Daytime Telephone number

drtbarnette@aifce.org
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: **BarnHam Graduate School and Seminary Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8107 Nalcrest Rd.
Nalcrest, FL 33856

Mailing address, if different is:
41 N. 20th Street, #17
Haines City, FL 33844-4638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Bible-based Christian counseling and higher education.

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

All Directors are voluntary, non-paid positions and Directors are elected by unanimous consent of the existing Board members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dr. Tom Barnette, President/Director</u>	Name and Title: <u>Dr. Cecil Cockerham, Vice President, Treasurer/Director</u>
Address: <u>8170 Nalcrest Rd.</u>	Address: <u>8170 Nalcrest Rd.</u>
<u>Nalcrest, FL 33856</u>	<u>Nalcrest, FL 33856</u>

Name and Title: <u>Gary Kerr, Director</u>	Name and Title: _____
Address: <u>8170 Nalcrest Rd.</u>	Address: _____
<u>Nalcrest, FL 33856</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Earle E. Lee
Address: 41 N. 20th Street, #17
Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Tom Barnette
Address: 8170 Nalcrest Rd.
Nalcrest, FL 33856

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TALLAHASSEE, FL 32301

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

Earle E. Lee
Required Signature of Registered Agent

06/28/2012
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.

Dr. Tom Barnette
Required Signature of Incorporator
Dr. Tom Barnette

June 24 2012
Date