

N120000007551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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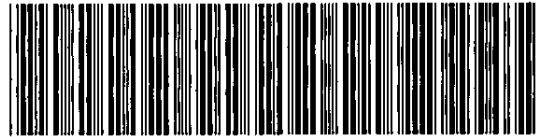
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT:

Trinity Deliverance Regeneration Life Center, 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:

Vivian Bonnie Green  
Name (Printed or typed)

P.O. Box 1416

Address

Quincy FL 32353

City, State & Zip


850 210 9412

Daytime Telephone number

Vivianbonnie.green@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

I have no intention of reinstating Trinity Deliverance Regeneration Life Center, Inc. (N 100000 10900)  
releasing the name for the new corporation.

  
Vivian Green

## ARTICLES OF INCORPORATION

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

**ARTICLE I NAME** Trinity Deliverance Regeneration Life Center, Inc.  
The name of the corporation shall be:

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
3 North Madison St  
Quincy FL 32353

Mailing address, if different is:  
P.O. Box 1416  
Quincy FL 32353

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help the community in religious and human services, such as food, clothes, shelter and education.

### ARTICLE IV MANNER OF ELECTION

 The manner in which the directors are elected and appointed:

as stated in bylaws

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Vivian Bonnie Green  
Address: P.O. Box 1416 (Pres.)  
Quincy FL 32353

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

Name and Title: Vivian Williams (Vice President)  
Address: 1120 Union Chapel Rd  
Quincy FL 32353

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

Name and Title: Cecelia Green (Sec.)  
Address: 2786 Westbrook Ct  
Tallahassee FL 32303

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: Vivian Bonnie Green  
Address: 1120 Union Chapel Rd  
Quincy FL 32353

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vivian Bonnie Green  
Address: P.O. Box 1416  
Quincy FL 32353

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

Vivian Bonnie Green

Required Signature of Registered Agent

8-3-2012

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.

Vivian Bonnie Green

Required Signature of Incorporator

8-3-2012

Date

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