

N120000008708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: Impact ChurchLakeland, 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: Rev. Christopher D. Elrod  
Name (Printed or typed)

2110 Sylvester Road, Suite 1  
Address

Lakeland, FL 33803  
City, State & Zip

863-606-8323  
2110 Sylvester Road, Suite 1  
Phone Number

pastor@impactinglives.tv  
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**

The name of the corporation shall be:  
IMPACT CHURCH LAKELAND, INC.

**ARTICLE II**

The principal place of business address is:  
2110 SYLVESTER ROAD, SUITE 1  
LAKELAND, FLORIDA 33803

**ARTICLE III**

The purpose for which this corporation is organized is:  
THIS CORPORATION SHALL BE A NONPROFIT CORPORATION - IN ACCORDANCE WITH SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE - ORGANIZED AS A CHRISTIAN CHURCH TO HOLD WORSHIP SERVICES, BIBLICAL INSTRUCTION CLASSES, RELIGIOUS EVENTS AND DEVELOP COMMUNITY RELATIONS WITH THE PURPOSE BEING TO LOVE GOD, LOVE PEOPLE AND MAKE AN IMPACT IN LAKELAND, FLORIDA AND BEYOND.

**ARTICLE IV**

The manner in which the directors are elected and appointed:  
APPOINTED BY THE SENIOR PASTOR WHO IS PRESIDENT OF THE CORPORATION.

**ARTICLE V**

The initial officers and directors of the corporation are:

PRESIDENT  
REV. CHRIS ELROD  
1423 CAMP GILEAD DRIVE  
POLK CITY, FLORIDA 33868

VICE PRESIDENT  
REV. BOB SIEGEL  
8505 TOM COSTINE ROAD  
LAKELAND, FLORIDA 33809

SECRETARY  
JONATHAN WILLIAMS  
412 WEST BEACON ROAD  
LAKELAND, FLORIDA 33803

TREASURER  
CHRIS ANDREU  
3522 MT. TABOR ROAD  
LAKELAND, FLORIDA 33810

12 SEP 10 AM 9:06

## ARTICLE VI

The name and Florida street address of the registered agent is:

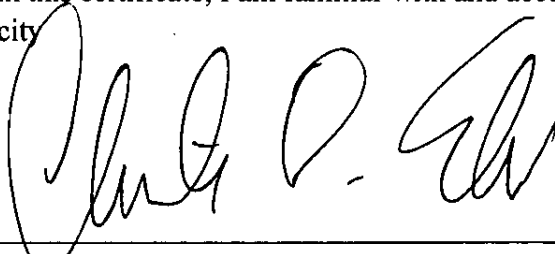
REV. CHRIS ELROD  
1423 CAMP GILEAD DRIVE  
POLK CITY, FLORIDA 33868

## ARTICLE VII

The name and address of the Incorporator is:

REV. CHRIS ELROD  
1423 CAMP GILEAD DRIVE  
POLK CITY, FLORIDA 33868

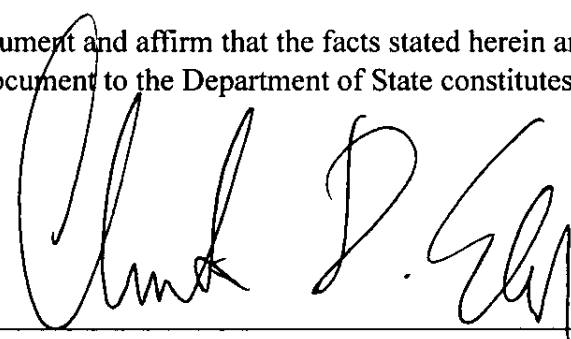
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

SEPT. 1, 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

SEPT. 1, 2012  
Date

12 SEP 10 AM 9:00  
STATE OF FLORIDA  
DEPARTMENT OF STATE