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## **COVER LETTER**

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

SUBJECT: Healing Temple Church of God In Christ, 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 \$78.75 \$1ling Fee & Certificate of Status

\$78.75 \$2 \$87.50 \$387.50 \$387.50 \$387.50 \$387.50 \$4 \$2 \$387.50 \$4 \$

FROM: Healing Temple Church of God In Christ, INC
Name (Printed or typed)

3027 Windy Hill Lane

Tallahassee, Florida 32308

City, State & Zip

850 322 5746

Healing Pertists Charles to the Christ

ervine@centurylink.net

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

FILED

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ALLAHASSEE, FLORIDA

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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 cor	NAME poration shall be: Healing Temple Cl	nurch of	God IN Christ	, INC.
Principal office  Principal street address  Healing Temple Church of God In Christ Two- 3027 Windy Hill Lane Tallahassee, Florida 32308		Mailing address, if different is:  Healing Temple Church of God In Christ, IN  Post office Box 16069  Tallahassee, Florida 32317		
The primary pu teachings, prec in Memphis, TN	PURPOSE  nich the corporation is organized is:  rpose for the which this corporation is to epts, practices, and discipline of the Ch and to conduct and maintain a Christia scipline of said denominations.  MANNER OF ELECTION The manner in the conduct is or the conduct in the conduct and maintain and christian in the conduct and c	urch of God I an church acc	n Christ denomination wording to said principles	ith headquarter
ARTICLE V Name and Tit	Der by the church and approve by Pas INITIAL OFFICERS AND/OR DIRECTOR Is: Minister Perry M. Thomas - ν. Ρ.	<b>RS</b> Name and Titl	e:Pastor Robert L. Fluc	as - President
Address:	12600 Rachel Cooper Lane Tallahassee, Florida 32317	-	3027 Windy Hill Lane Tallahassee, Florida	32308
Name and Tit Address:	le:Secretary-Tawanda Scott 1625 Rustling Pine Boulevard Midway, Florida 32343	Name and 1111 Address:	e: Mother Ervine Flucas 3027 Windy Hill Land Tallahassee, Florida	9.
Name and Tit Address:	le: Treasure-Annglet O. Norton Thomas 12600 Rachel Cooper Lane Tallahassee, Florida 32317	Name and Titl Address:	e:	
ARTICLE VI	REGISTERED AGENT			••
	ida street address (P.O. Box NOT acceptable) of	the registered ag	ent is:	on <u></u>
Name: Address:	Pastor Robert L. Flucas 3027 Windy Hill Lane Tallahassee, Florida 32308	- - -	AAS	28 7
ARTICLE VII	INCORPORATOR		SE -	C Jameno
	ress of the Incomprator is:		<u> </u>	a m
Name:	Partor Robert L. Flucas		لي المالية الم	<b>=</b> 0
Address:	3027 Windy Hill Lane Tallahassee, Florida 32308	<del>-</del> -	<u> </u>	27
certificate, I am fan	d as registered agent to accept service of proces miliar with and accept the appointment as registere	ss for the above ed agent and agr	stated corporation at the pla see to act in this capacity	ce designated in this
	Talent J. Vlusa		16 80	tober 2012
	Required Signature of Registered Agent		Dat	tober 2012
I submit this docum to the Department of	nent and affirm that the facts stated herein are tr of State-constitutes a third degree felony as provide			mitted in a document
	Falut & fleror		14 2	Tober 2012
	Required Signature of Incorporator		Da	te