

N1200001045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

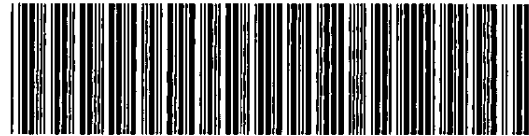
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700242079237

11/26/12--01035--019 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 26 AM 9:03

PS 11/27/12

COVER LETTER

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

SUBJECT: Cross City 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
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: Paul J. Hope
Name (Printed or typed)

120 NE 97th St
Address

Cross City, FL 32628
City, State & Zip

904-398-1625
Daytime Telephone number

sosidecogic@att.net
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: Cross City Church Of God In Christ, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

12 NOV 26 AM 9:03
Mailing address, if different is:

120 NE 97th St
Cross City, FL 32628

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized and operated exclusively for charitable, educational, religious or scientific purposes within the meaning of Section 501(C)(3) of the Internal Revenue Code.

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

Directors will be appointed or selected according to the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul J. Hope
Address: President
120 NE 97th St
Cross City, FL 32628

Name and Title: Dorothy Smith
Address: Secretary
PO Box 78
Cross City, FL 32628

Name and Title: Ella Peterson
Address: Vice President
131 NE 224 Ave.
Cross City, FL 32628

Name and Title: Elizabeth Dawson
Address: Treasurer
PO Box 162
Cross City, FL 32628

Name and Title: Bishop Edward Robinson, Sr.
Address: Vice President
12308 Flynnwoods Rd.
Jacksonville, FL 32223

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

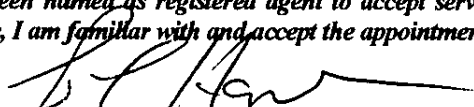
Name: Paul J. Hope
Address: 120 NE 97th St.
Cross City, FL 32628

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul J. Hope
Address: 120 NE 97th St.
Cross City, FL 32628

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

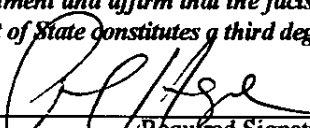


Required Signature of Registered Agent

11/17/12

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

11/17/12

Date