

N120000011065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

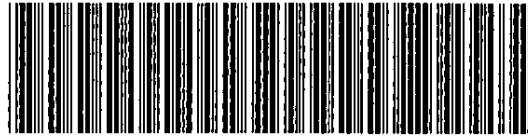
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000242078700

11/26/12--01022--006 **87.50

FILED

12 NOV 26 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Bread of Life Catholic Community, 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. Margaret R. Nethery
Name (Printed or typed)

12428 N. FLORIDA AVE. #5
Address

TAMPA, FLORIDA 33612
City, State & Zip

813-310-3172
Daytime Telephone number

peg-ne@yahoo.com
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: Bread of Life Catholic Community, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
12428 N. Florida Ave
#5
Tampa, FL 33612

FILED

Mailing address, if different is:
12 NOV 26 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To enhance the welfare and well being of the religious Community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By vote, majority rules

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Reynolds, President
Address: 15910 Martha Circle
Lutz, Florida 33549

Name and Title: Clarence Withers
Address: Treasurer
12428 N. Florida Ave, # 9
Tampa, Florida 33612

Name and Title: Mary Beth Stoner, Vice President
Address: P.O. Box 218
Thonotosassa, Florida
33592

Name and Title: _____
Address: _____

Name and Title: Steven Wilkinson
Address: Secretary
8004 N. Brooks St.
Tampa, Florida 33604

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: Eileen Doll Pasquarello
Address: 12428 N. Florida Ave #5
Tampa, Florida 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret R. Nethery
Address: 12428 N. Florida Ave, #5
Tampa, Florida 33612

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

Eileen Doll Pasquarello
Required Signature of Registered Agent

11/9/12
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.

Margaret Rita Nethery
Required Signature of Incorporator
Margaret Rita Nethery

11/9/2012
Date