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SEGRETARY OF STATE
IVISION OF EURPORATIONS

Ps //18/13

COVER LETTER

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

SUBJECT: Gospel Outreach Generations Church 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: Alvin L. Mathis

Name (Printed or typed)

9230 Elmira Ave

Lot 190

Address

Aripeka,FI 34679

City, State & Zip

727-645-2113

Daytime Telephone number

Amathis12@tampabay.rr.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 The name of the	he corporation shall be: Gospel O	utreach Generations Church Inc.			
ARTICLE I					
Principal <u>street</u> address: 9230 Elmira Ave		Mailing address, if different is: P.O. Box 138			
Lot 192		Aripeka,FI			
Aripeka,Fl 34679		34679	34679		
conduct	for which the corporation is organized is the work of evangelism	to establish and oversee places of n,create departments necessary to see and ordain ministers of the gospel	support		
		necessary, suitable or convenient for			
		e, or which are incidental thereto or			
		with section 501(c)(3) of the Internal			
 	 	ely for religious purposes within the meaning of section 501(c)(3) In			
ADDIOLD D		Ch			
The remai		The manner in which the directors are elected and appointed: _ otential new Directors and then vote on vacan			
ARTICLE		R DIRECTORS			
Name and Tit	P.O. Box 138	Name and Title:	SE OIVIS		
Address	Aripeka, FI	Address:	— NAN I		
	34679		FILED OF CORPO		
Name and Tit	ile:	Name and Title:	8 ST/		
Address		Address:	* 35		
Name and Tit	tle:	Name and Title:			
Address		Address:			
					

		Name and Title:	
		Address:	
,	<u> </u>		
Name and Title:	N	Name and Title:	
	REGISTERED AGENT	N1N - 64b	
	ida street address (P.O. Box NOT accepta Pastor Alvin L. Mathis	able) of the registered agent is:	•
Name: Address:	9230 Elmira Ave Lot 192	2	13
Address.	Aripeka, Fl 34679	························	SEGRET IVISION
			F PART
ARTICLE VII	INCORPORATOR ress of the Incorporator is:		R RROE
Name:	Pastor Alvin L. Mathis		AM 8: 44
Address:	P.O. Box 138		F X
	Aripeka, Fl 34679		
Uanina kaan nama	d an appletance against to appears coming of	f process for the above stated corporation at the place a	declarated in this
		registered agent and agree to act in this capacity	tesignuteu in mis
alin z mi	Required Signature of Registered A	yi≤ //// Date	3
	nent and affirm that the facts stated herein If State constitutes a third degree felony as	are true. I am aware that any false information submitter provided for in s.817.155, F.S.	ed in a document
alm 2 mile	Required Signature of Incorpo	orator Date	3