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TALLAHASSEE, FLORIDA

*h* 02/18/13

## COVER LETTER

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

SUBJECT: Eastside Assembly of God-Marianna, 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: Terry Broome  
Name (Printed or typed)

4723 Hatton Street  
Address

Marianna, FL 32446  
City, State & Zip

850-209-4718  
Daytime Telephone number

pastorbroome@gmail.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: Eastside Assembly of God-Marianna, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
4723 Hatton Street

Mailing address, if different is:

Marianna, FL 32446

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Religious Services

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: appointed by  
the District Assemblies of God

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rev. Tommy Moore, Chairman

Address: 4792 Hwy 90, Unit X  
Marianna, FL 32446

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Terry Broome, Pastor

Address: 2662 Emerald Dr.  
Marianna, FL 32448

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Karen Watkins, Sec/Treas.

Address: 3234 Paulk Rd.  
Marianna, FL 32446

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Terry Broome  
Address: 2662 Emerald Dr.  
Marianna, FL 32448


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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen Watkins  
Address: 3234 Paulk Rd.  
Marianna, FL 32446

*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

2-10-13  
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

2/10/13  
Date