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W13000009339



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02/13/13--01002--013 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 21 PM 12:40

## COVER LETTER

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

SUBJECT: The Church of Christ in North LaBelle, Incorporated  
(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: Mabry McCray  
Name (Printed or typed)

P.O. Box 2640  
Address

LaBelle, FL 33975  
City, State & Zip

561-261-2132  
Daytime Telephone number

jmmccray@ufl.edu  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2013

MABRY MCCRAY  
POST OFFICE BOX 2640  
LABELLE, FL 33975

SUBJECT: THE CHURCH OF CHRIST IN NORTH LABELLE, INC.  
Ref. Number: W13000009339

RECEIVED  
13 MAR 21 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THE CHURCH OF CHRIST IN NORTH LABELLE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 713A00003735

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: The Church of Christ in North LaBelle, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

990 North SR 29

LaBelle, FL 33935

Mailing address, if different is:

P. O. Box 2640

LaBelle, FL 33975

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: church ministry and  
associated charitable, benevolent, and religious  
activities.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The members  
of the Church of Christ in North LaBelle will select the directors.

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

Name and Title: Philip Roger McKee Name and Title: \_\_\_\_\_

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

P.O. Box 67

Moore Haven, FL 33471

Name and Title: David Schaeffer Name and Title: \_\_\_\_\_

Address: Vice President Address: \_\_\_\_\_

13101 Idylwild Rd

Ft Myers, FL 33905

Name and Title: James Mabry MFCray Name and Title: \_\_\_\_\_

Address: Secretary/Treasurer Address: \_\_\_\_\_

928 Sawgrass St

Clewiston, FL 33440

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 21 PM 12:40

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

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

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

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: Philip Roger McKee  
Address: 1193 Yawn Road East  
Moore Haven, FL 33471

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DIVISION OF CORPORATIONS  
13 MAR 21 PM 12:40

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Mabry McCray  
Address: 928 Sawgrass St  
Clewiston, FL 33440

*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*

Philip Roger McKee  
Required Signature of Registered Agent

03/17/2013  
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.*

James Mabry McCray  
Required Signature of Incorporator

3/16/2013  
Date