

N13000003793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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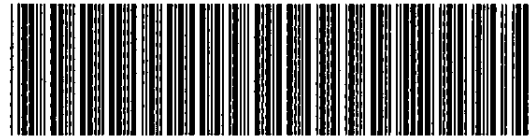
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/22/13

COVER LETTER

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

SUBJECT: True Love Community Baptist 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: Dr. Rev. Gabrieli A. Davis
Name (Printed or typed)

6020 Songbird Drive
Address

Pensacola, FL 32503
City, State & Zip

850 602-1087
Daytime Telephone number

gtlcbcandre@aol.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: True Love Community Baptist Church, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16-B Page Street

Pensacola, Fl 32534

Mailing address, if different is:
Post Office Box 7184

Pensacola, Fl 32534

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TALLAHASSEE
SECRETARY OF STATE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This is a Non-Profit Corporation solely for general charitable purposes pursuant to the Florida Corporations Not For Profit law set forth in Part I of Chapter 617 of the Florida Statutes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By General Vote
of the general body after nomination.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. Gabrieli A. Davis President</u>	Name and Title:	<u>Vice President Carrie Galry</u>
Address	<u>6020 Songbird Drive</u>	Address:	<u>8511 Airway Drive</u>
	<u>Pensacola, Fl 32503</u>		<u>Pensacola, Fl 32 514</u>

Name and Title:	<u>Vicki K. Davis Treasurer</u>	Name and Title:	_____
Address	<u>6020 Songbird Drive</u>	Address:	_____
	<u>Pensacola, Fl 32503</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Dr. Gabrieli A. Davis
Address: 6020 Songbird Drive
Pensacola, FL 32503

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Gabrieli A. Davis
Address: 6020 Songbird Drive
Pensacola, FL 32503

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

Dr. Gabrieli A. Davis

Required Signature of Registered Agent

April 12, 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.

Dr. Gabrieli A. Davis

Required Signature of Incorporator

April 12, 2013

Date