

N130000004188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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13 MAY -1 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-19068

YTD 5/2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2013

TIM KLINE
158 WOODLAWN DR.
CRESTVIEW, FL 32536

SUBJECT: NORTH CENTRAL ASSEMBLY OF GOD INC.
Ref. Number: W13000019064

We have received your document for NORTH CENTRAL ASSEMBLY OF GOD 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 613A00007697

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2013

TIM KLINE
P.O. BOX 907
CRESTVIEW, FL 32536

2ND MAILING

SUBJECT: NORTH CENTRAL ASSEMBLY OF GOD INC.
Ref. Number: W13000019064

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Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 613A00007697

COVER LETTER

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

SUBJECT: North Central Assembly of God 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: Tim Kline (North Central Assembly of God)
Name (Printed or typed)

158 Woodlawn Dr. P.O. Box 907
Address

Crestview FL 32536
City, State & Zip

850-398-6099 (850-376-2915)
Daytime Telephone number

ktimary@live.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: North Central Assembly of God Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

North Central Assembly of God

158 Woodlawn Dr.

Crestview, Florida 32536

Mailing address, if different is:

North Central Assembly of God

P.O. Box 907

Crestview, Florida 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a place for worship and fellow-
ship, and ministry to the community.

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TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: our directors
are appointed by the Executive Presbytery of the West Florida District Council of the
Assemblies of God

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tim Kline President

Address: 2601 Lake Silver Rd
Crestview FL 32536

Name and Title: Mark English Vice-President

Address: 400 S. Ferdon Blvd.
Crestview FL 32580

Name and Title: Mary C. Hinton Secretary

Address: 4138 Wilkerson Bluff Rd
Halt, Fl. 32564

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED

13 MAY -1 AM 11:15

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: Mary Hinton
Address: 4138 Wilkerson Bluff Rd.
Holt, FL. 32564

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tim Kline
Address: 2601 Lake Silver Rd
Crestview, FL. 32536

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

Mary Hinton 3-25-13
Required Signature of Registered Agent 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.

Tim Kline 3-25-13
Required Signature of Incorporator Date