

N13000007824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

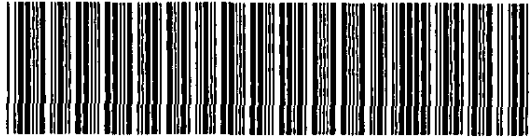
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 AM 6:51

8/29

8

COVER LETTER

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

SUBJECT: Faith Temple Fellowship Ministries 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. Gregory L. Davis

Name (Printed or typed)

2133 Wishart Street

Address

Jacksonville Florida 32207

City, State & Zip

(904-399-5498-904 955-5233

Daytime Telephone number

davis.gregory400@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: Faith Temple Fellowship Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2133 Wishart Street
Jacksonville Florida 32207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To preach and teach the word of God, and develop
Christian Educational School, Training programs for Ministers, and have
Divine worship Services perpetually.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: officers are
appointed by the Excultive board, and Elected by the local church Membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Gregory L. Davis Pres.
Address: 7806 Caxton Cir. W.
Jacksonville Florida 32208

Name and Title: Dea. Terrell Jones Sr.
Address: 10367 Lancashire Dr. So.
Jacksonville Florida 32219

Name and Title: Dr. Beverly Weed Sect.
Address: 3465 Phillips Highway
Apt. 1034
Jacksonville Florida 32207

Name and Title: Dea. Eugene Henderson
Address: 5262 Royce Ave.
Jacksonville Florida 32205

Name and Title: Dea. Anthony Poter Sr.
Address: 2515 Hunts Rd.
Jacksonville Florida 32209

Name and Title: _____
Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 AM 6:51

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. Wallace Taylor

Address: 2015 Palmdale Dr.

Jacksonville Florida 32208

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Gregory L. Davis

Address: 7806 Caxton Cir. W.

Jacksonville Florida 32208

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

Wallace Taylor

Required Signature of Registered Agent

08/23/13

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.

Dr. Gregory L. Davis

Required Signature of Incorporator

08/23/13

Date