

N/13000008857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

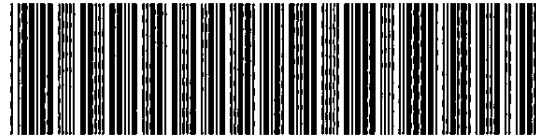
(Business Entity Name)

(Document Number)

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ALLAHASSIE, FLORIDA  
SECRETARY OF STATE

OS  
10/1/13

**COVER LETTER**

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

**SUBJECT:** NEW CREATION CHURCH OF TALLAHASSEE, 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: MICHAEL SMITH  
Name (Printed or typed)

3772 EVANWOOD CT.  
Address

TALLAHASSEE, FL 32303  
City, State & Zip

850-284-2703  
Daytime Telephone number

PASTORMICHAELDSMITH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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13 OCT - 1 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: NEW CREATION CHRUCH OF TALLAHASSEE. INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
3772 EVANWOOD COURT.,  
TALLAHASSEE, FL 32303

Mailing address, if different is:  
P.O. BOX 180882  
TALLAHSSEE, FL 32303

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: THE NEW CREATION CHURCH OF TALLAHASSEE(NCC) WITH 1COR 5:17, PHIL 3:10,&MATT 28:19,20  
AS ITS FOUNDATIONIONAL SCRIPTURES EXIXTS TO FULFILL THE GREAT COMMISSION BY  
PREACHING THE GOSPEL OF JESUS OF JESUS CHRIST, TEACHING DISCIPLES THE WORD OF GOD, COMING TO PERSONALLY KNOW THE LORD JESUS CHRIST  
AND SHOWING THE WORLD THAT WE BELONG TO CHRIST BY SHOWING LOVE TO ONE ANOTHER.  
H

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS PROVIDED  
FOR IN THE BYLAWS.

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

Name and Title: MICHAEL D. SMITH  
Address: 3772 EVANWOOD CT.  
TALLAHSSEE, FL 32303

Name and Title: KATINA E. SMITH  
Address: 3772 EVANWOOD CT.  
TALLAHASSEE, FL 32303

Name and Title: DONDRIEC L. JOHNSON  
Address: 66 PONDEROSA LANE  
MIDWAY, FL 32343

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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13 OCT - 1 PM 4:31

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: Michael D. Smith  
Address: 3772 Evanwood Ct.  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael D. Smith  
Address: 3772 Evanwood Ct.  
Tallahassee, FL 32303

*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*

Michael D. Smith  
Required Signature of Registered Agent

10-1-2013  
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.*

Michael D. Smith  
Required Signature of Incorporator

10-1-2013  
Date