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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Bethany	Bethany Christian Methodist Episcopal Church, Incorporated					
Sobobe 1.	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)			
Enclosed is an original a \$70.00 Filing Fee	and one (1) copy of the Ar □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL COPY REQUIRED				

FROM: Bethany C.M.E Church

Name (Printed or typed)

1325 Springdale Street

Address

Clearwater, Florida 33755

City, State & Zip

727-441-4689

Daytime Telephone number

bethanycmechurch@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)

The name	of the corporation shall be: Bethany Christ	ian Methodist Episcopal Church, Incorporated
<u>ARTICLI</u>	E II PRINCIPAL OFFICE	
_1	Principal <u>street</u> address: 325 Springdale Street	Mailing address, if different is:
_	Clearwater, Florida 3375	55
	se for which the corporation is organized is:	es to establish proper legal standing as a religious
establi	shment. Our mission is the Gre	eat Commission: "Go therefore and make
disciple	es of all the nations, baptizing	them in the name of the Father
and of	the Son and of the Holy Spirit,	, teaching them to observe all the
things	that I have commanded you; a	and lo, I am with you always,
	the end of the age." Amen M	
ARTICLE	EIV MANNER OF ELECTION The	manner in which the directors are elected and appointed:
The pas	tor shall nominate persons to the Q	Quarterly Conference for the office of trustee.
<u>ARTICLI</u>	1	
Name and '	Title: Pastor Margret Forte-Wad	Name and Title: Minister Leron Roberts-Trustee Chair
Address	4716 Barrett Court	Address: 1321 Sandy Lane
	Tampa, Florida 33617	Address: 1321 Sandy Lane
Name and	Willie Miller-Trustee	Name and Title:
Address	1415 North MLK Street	Address:
	Safety Harbor, Florida 34695	
Name and	Title:	Name and Title:
Address		Address:

. · · •					
Name and Title:		Name and Title:		-	
Address _	1	Address:			
_				-	
_				_	
Name and Title:_		Name and Title:		-	
Address _		Address:		_	
_				-	
-		-		-	
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT accept	able) of the registered ages	nt is:		
Name:	Pastor Margret Forte-Wad	le			
Address:	4716 Barrett Court				
	Tampa, Florida 3361	7			
ARTICLE VII	<i>INCORPORATOR</i>				
	Idress of the Incorporator is:			et	
Name:	Freda Daniels			3 NOV SECRET	
Address:	2337 S. Shore Drive S.E			ALAS ALAS ALAS	
	St. Petersburg, Florida 33	705		RY C	gard in particular
				EFE S	
Having been nan	ned as registered agent to accept service of	f process for the above st	ated corporation at the place	designated &	e this
(A A A	amiliar with and accept the appointment as	registerea agent ana ugred 			
Mar	gret Farter U	ade	11/10/13) —————	
/	Required Signature of Registered A		Date		
i submit this docu to the Departmen	iment and affirm that the facts stated hereii t of State constitutes a third degree felony a	i are true. I am aware tha is provided for in s.817.155	t any false information submit i, F.S.	tted in a docu	ment
1		- -	11/10/13	ł	
- Jaca	Required Signature of Incorpo	orator	Date		