

N13000010448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

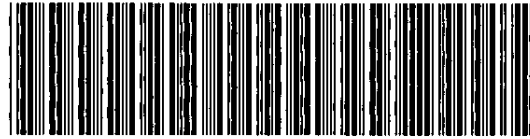
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATION  
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## COVER LETTER

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

SUBJECT: Sweet Gum 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: West Florida District of the Assemblies of God  
Name (Printed or typed)

4792 Highway 90

Address

Marianna, FL 32446

City, State & Zip

850-482-2986

Daytime Telephone number

wfldistrictag@embarqmail.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: Sweet Gum Assembly of God, Inc.

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DIVISION OF CORPORATION

**ARTICLE II    PRINCIPAL OFFICE**

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Principal street address:  
144 Corbin Road

Mailing address, if different is:  
4792 Highway 90

Cottdale, FL 32431

Marianna, FL 32446

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide a place of worship, to provide for Christian fellowship, and to minister to the community.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Meeting is  
announced, names nominated and voted on and elected.

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

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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DIVISION OF CORPORATION  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

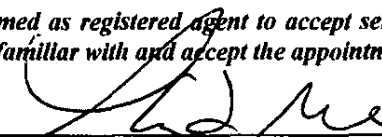
Name: Thomas L. Moore  
Address: 4792 Highway 90  
Marianna, FL 32446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

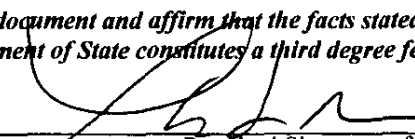
Name: Thomas L. Moore  
Address: 4792 Highway 90  
Marianna, FL 32446

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

11-14-13  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

11-14-13  
Date