

N13000011045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

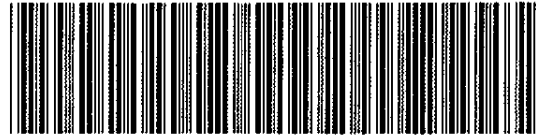
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

13 DEC 12 AM 10:21
STATE
TALLAHASSEE, FLORIDA

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13 DEC 12 AM 10:21

VH

COVER LETTER

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

SUBJECT: Anointed Vision of Faith Outreach Ministry
(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: Alfredie B. Scott, Bishop
Name (Printed or typed)

5161 DE DE FRANCE DR.
Address

TALL, FL 32308
City, State & Zip

229-305-3066
Daytime Telephone number

alscott51@yahoo.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: ANNOUNCED VISION OF FAITH OF TALLAHASSEE, INC

EFFECTIVE DATE

11/1/2014

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5161 ILE DE FRANCE DR.
TALL., FL 32308

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HAVE PRAY, SING, Church Fellowship
ASSIST WITH TEEN PREGNANCY, FEED THOSE IN NEED
OF FOOD, PRAY FOR SICK, HOMELESS, ASSIST CHILDREN
IN COPING WITH PIERCE PRESS, LEAD MEN TO
CHRIST.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTE AND
APPOINTMENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFREDIE B. SCOTT Name and Title: PASTOR/BISHOP

Address: 5161 ILE DE FRANCE Address:
TALL., FL 32308

Name and Title: MARY SCOTT/MEMBER Name and Title:

Address: 1207 ARIZONA ST. Address:
TALL., FL 32304

Name and Title: CARLOS T. SCOTT/MEMBER Name and Title:

Address: 1207 ARIZONA ST. Address:
TALL., FL 32304

STATE OF FLORIDA
TALLAHASSEE

13 DEC 12 AM 10:21

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APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____ 13 DEC 12 AM 10:21

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TALLAHASSEE, FLORIDA

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: A. B. SCOTT

Address: 5161 ILE DE FRANCE DR.
TALL, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: A. B. SCOTT

Address: 5161 ILE DE FRANCE DR
TALL, FL 32308

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

Alfreddie B. Scott, Bishop
Required Signature of Registered Agent

12/12/13
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.

Alfreddie B. Scott, Bishop
Required Signature of Incorporator

12/12/13
Date