

1414XXXX0302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

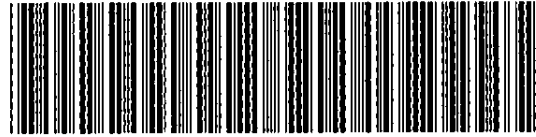
(Document Number)

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Certificates of Status ☒

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DEPARTMENT OF STATE
14 JAN 13 PM 12:35

[Handwritten signature] 1/13/14

COVER LETTER

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

SUBJECT: Truth In the Word Family Worship
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Center Part 2 Inc.

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: Carolyn - Feld Byrd
Name (Printed or typed)

20 Harbor Street
Address

Port St. Joe 32456
City, State & Zip

(904) 607-0289
Daytime Telephone number

pastor.clarves@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: Truth In the Word Worship

ARTICLE II PRINCIPAL OFFICE

Ceter Part 2 Inc.

Principal street address:

Mailing address, if different is:

120 Harbor Street
port St Joe Fla 32456

Same as the principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church. Teach and Preach
the Gospel of Jesus Christ

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By BYLAWS

14 JAN 13 PM 1:15
STATE OF FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pastor Directors
Carolyn Reed Byrd

Address:

120 Harbor Street
Port St Joe Fla 32456

Name and Title:

John B Byrd - Directors

Address:

120 Harbor Street
Port St Joe Fla 32456

Name and Title: Satoya Dornes
Depto Directors

Address:

PO Box 43
Willachooce Ga 31650

Name and Title:

Marquez Byrd Directors

Address:

120 Harbor Street
Port St Joe Fla 32456

Name and Title: Deshain Tillman

Address:

152 project Ave
Willachooce Ga 31650

Name and Title:

Lashonda Daniles

Address:

120 Harbor Street
Port St Joe
Fla 32456

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:

Carolyn Byrd

Address:

120 Harbor Street
Port St Joe Fla, 32456

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Satoya Dornes

Address:

509 S. Davis Street
Nashville Ga 31650

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

Carolyn Fadd Byrd

Required Signature of Registered Agent

12-13-14

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.

Satoya Dornes

Required Signature of Incorporator

12-13-14

Date