

N14000000934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

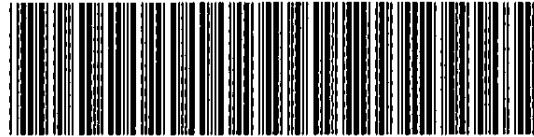
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

14 JAN 31 PM 4:27
SECRETARY OF STATE
FLORIDA

APPROVED
AND
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01/31/14

COVER LETTER

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

SUBJECT:

Believers of the Word International
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Family Worship Center, 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:

Apostle Jacquelyn D. Robinson
Name (Printed or typed)

6721 Longhorn Dr.
Address

Tallahassee, FL 32311
City, State & Zip

850-694-5311 - 850-488-1074 ext 2024
Daytime Telephone number

live4him20@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)

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ARTICLE I NAME

The name of the corporation shall be: Believers Of The Word International
Family Worship Center, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2635 South Adams St.
Tallahassee, Fl.
32301

Mailing address, if different is:

P.O. Box 5781
Tallahassee, Fla 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Believers Of The Word Internat.
Family Worship Center, Inc. has been organized to
Minister to the Spiritual, Physical and Social
needs of people that are in need. This corporation
is a non-profit religious organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Board
Group. - Nominations

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Jacquelyn Adams Name and Title: _____

Address: 6721 Longham Dr. Address: _____

Tallahassee, Fl. 32311
(Overseer) Pastor

Name and Title: Charles A. Robison Name and Title: _____

Address: 6721 Longham Dr. Address: _____

Tallahassee, Fl 32311
 Elder

Name and Title: Dawn Smith Name and Title: _____

Address: 402 Destiny Dr. Address: _____

Tallahassee, Fl. 32305
Sec.

SECRET
STATE
TALLAHASSEE, FLORIDA

14 JAN 31 PM 4:27

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AND
FILED

FILING CANCELLED
RETURNED CHECK

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: Apostle Jacqueline D. Robinson

Address: 6721 Longhorn Dr.
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Apostle Jacqueline D. Robinson

Address: 6721 Longhorn Dr.
Tallahassee, FL 32311

STATE OF FLORIDA
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AND
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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

Apostle Jacqueline D. Robinson
Required Signature of Registered Agent

1-31-2014
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.

Jacqueline D. Robinson
Required Signature of Incorporator

1-31-2014
Date