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COVER LETTER

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

SUBJECT: Love For Christ Outreach Ministries, 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: Pastor Rose Baker-Smith
Name (Printed or typed)

11035 Traci Lynn Drive
Address

Jacksonville FL 32218
City, State & Zip

904-859-0344
Daytime Telephone number

evangelistrose@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)

ARTICLE I NAME

The name of the corporation shall be: Love For Christ Outreach Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6308 North Pearl Street

Mailing address, if different is:

Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate exclusively for religious, educational and distinct ecclesiastical purposes.

To conduct a local church by the direction of the Lord Jesus Christ and under
the leadership of the Holy Spirit.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed by Pastor and Board Members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rose Baker-Smith-President/Pastor

Address: 11035 Traci Lynn Drive
Jacksonville, FL 32218

Name and Title: Lisa Williams-Church Administrator

Address: 11513 Kings Ridge Court South
Jacksonville, FL 32218

Name and Title: Brenda McClain-Vice-President

Address: 11060 N. Campus Blvd
Jacksonville, FL 32218

Name and Title: _____

Address: _____

Name and Title: Vonceil Smith-Secretary

Address: 9351 Culpepper Avenue
Jacksonville, FL 32208

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 21 PM 3:42

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: Rose Baker-Smith

Address: 11035 Traci Lynn Drive
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rose Baker-Smith

Address: 11035 Traci Lynn Drive
Jacksonville, FL 32218

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

Rose Baker-Smith
Required Signature of Registered Agent

3/5/14
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.

Rose Baker-Smith
Required Signature of Incorporator

3/5/14
Date