

N/14000004629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

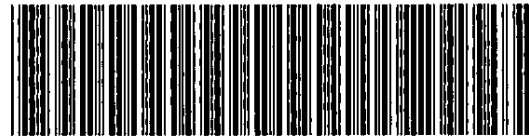
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100258809551

04/14/14--01018--006 **78.75

FILED
14 MAY 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-23951

h 05/14/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 MAY 13 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 16, 2014

MARK CONRAD
3500 SR 16
ST. AUGUSTINE, FL 32092

SUBJECT: TURNING POINT COMMUNITY CHURCH INC
Ref. Number: W14000023951

We have received your document for TURNING POINT COMMUNITY CHURCH INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed *be contained in the articles of incorporation or a statement* that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 414A00008118

COVER LETTER

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

SUBJECT: Turning Point Community Church 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: Mark Conrad
Name (Printed or typed)

3500 SR 16
Address

St. Augustine, FL 32092
City, State & Zip

904-829-9795
Daytime Telephone number

accounts@tpcalvary.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: Turning Point Community Church Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

207 Tammy Street, East Palatka, FL 32131

Mailing address, if different is:

3500 SR 16, St Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: religious

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

The election of directors is as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Conrad- senior pastor

Address: 3500 SR 16

St. Augustine, FL 32092

Name and Title: _____

Address: _____

Name and Title: Joseph Doty- Director

Address: 1377 Bardin Rd

Palatka, FL 32177

Name and Title: _____

Address: _____

Name and Title: Michael Adams- Director

Address: 211 Old Peniel Rd

Palatka, FL 32177

Name and Title: _____

Address: _____

14 MAY 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Mark Conrad

Address: 3500 SR 16

St. Augustine, FL 32092

FILED
14 MAY 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Conrad

Address: 3500 SR 16

St. Augustine, FL 32092

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

07/10/14

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.



Required Signature of Incorporator

07/10/14

Date