

NI 4000004798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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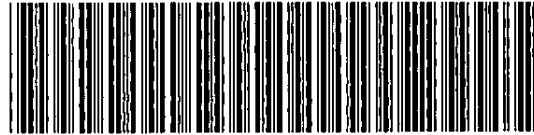
(Business Entity Name)

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COVER LETTER

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

SUBJECT: NEW Testament Baptist 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: Jimmy Wines
Name (Printed or typed)

3014-A Jim Lee Rd.
Address

Tallahassee, Fla. 32301
City, State & Zip

(850) 980-2584
Daytime Telephone number

ntbcnews@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: NEW TESTAMENT BAPTIST Church, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4020 unit B
Woodville hwy.
Tallahassee, Fl.

Mailing address, if different is:

14 MAY 20 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Worship God, Study God's
word, love one another, partake of baptism
and Lord's Supper, to Equip and evangelize
the world

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voting groups

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timmy Wimes (pastor) Name and Title: _____

Address: 3014-A JIM LEE RD Address: _____
Tallahassee, Fl. 32301

Name and Title: Chandra Wimes (Secretary) Name and Title: Denise Wimes (Sunday school asst. Secretary)

Address: 3014-A JIM LEE RD Address: 66 Gene Williams Rd
Tallahassee, Fl. Quincy, Fl. 32351

Name and Title: Annie Gordon (Treasury) Name and Title: _____

Address: 66 Gene Williams Rd Address: _____
Quincy, Fl. 32351

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

STATE
DEPARTMENT OF
REVENUE
FLORIDA

14 MAY 20 PM 12:09

APPROVED
FILED

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TIMMY WINES

Address: 3014-A JIM LEE Rd.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIMMY WINES

Address: 3014-A JIM LEE Rd.
Tallahassee, FL 32301

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

Timmy Wines
Required Signature of Registered Agent

5/20/2014
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.

Timmy Wines
Required Signature of Incorporator

5/20/2014
Date