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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: Mount Nebo United Methodist 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: Tonnette W. Hathcock  
Name (Printed or typed)  
9975 NW 143rd St. (Church address)  
14012 NW 166th PL (Home address)  
Address  
Alachua, FL 32615  
City, State & Zip  
(352) 514-7924  
Daytime Telephone number  
chelley1207@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: Mount Nebo United Methodist Church  
of Alachua, FL, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

9975 NW 143rd St  
Alachua, FL 32615

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate as a local church in the  
Community according to the <sup>by</sup> laws and guidelines of the  
United Methodist Church, under the guidance of the Holy  
Spirit to be followers of Jesus Christ. To show love, be  
a reflection of Christ, and let our light shine so that  
others may see Christ in us and accept Him as Lord  
and Savior.

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

Recommendation from the Board of Administrative Council

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rev. William R. George Sr Name and Title: Leatrice L. Page - Treasurer

Address: 12622 NW 36th Ave Address: 1707 NE 28th Ave  
Gainesville, FL Gainesville, FL  
32606 32609

Name and Title: Vernon Hayes - Trustees Name and Title: Tara Taylor - Finance Secretary

Address: PO Box 1572 Address: 1811 SE 39th Terr  
Alachua, FL Gainesville, FL  
32616-1572 32641

Name and Title: Tonielle W. Hathcock - Finance Name and Title: \_\_\_\_\_

Address: 14012 NW 166th PL Address: \_\_\_\_\_  
Alachua, FL 32615 \_\_\_\_\_

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:

Tonnette W. Hathcock

Address:

14012 NW 166<sup>th</sup> PL  
Alachua, FL 32615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Leatrice L. Page

Address:

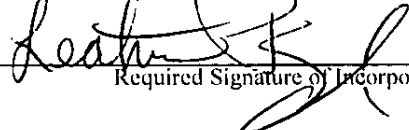
1707 NE 28<sup>th</sup> Ave  
Gainesville, FL 32609

*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

June 11<sup>th</sup>, 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.*

  
Required Signature of Incorporator

June 11, 2014  
Date