NHOOD	276661
(Requestor's Name) (Address) (Address)	900261623489
(City/State/Zip/Phone #)	07/03/1401015022 **36.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	SECRETARY OF STATE SIVISION OF CORPORATIONS 14 JUL 15 PH 1:05
Special Instructions to Filing Officer:	SHAR S

## **COVER LETTER**

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

# SUBJECT: Victory Baptist Church of Arcadia, 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

State State

ADDITIONAL COPY REQUIRED

FROM: Rose-Anna Beauchamp

Name (Printed or typed)

PO Box 15

Address

Arcadia, FL 34265-0015

City, State & Zip

863-491-5123

Daytime Telephone number

# victorybaptist2014@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2014

ROSE-ANNA BEAUCHAMP P.O. BOX 15 ARCADIA, FL 34265-0015

SUBJECT: VICTORY BAPTIST CHURCH Ref. Number: W14000041643

We have received your document for VICTORY BAPTIST CHURCH and your check(s) totaling \$96.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name and document number of conflict is, N33340- VICTORY BAPTIST CHURCH INC.

Bylaws are not filed with this office. Please retain them for your records.

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 814A00014546

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

			<b>RPORATION</b> F.S., (Not for Profit)		
ARTICLE I The name of t	he corporation shall be: Victory Ba	ptist Chu	urch of Arcadia, Inc.		
ARTICLE I	PRINCIPAL OFFICE				
142	Principal <u>street</u> address: 22 NE Cross Avenue	F	Mailing address, if different is: PO Box 15		
Ar	cadia, FL 34266		Arcadia, FL 34265-0015	·····	
	<u><b>PURPOSE</b></u> for which the corporation is organized is: <u>To</u> church for the purpose of pr		sh an independent fundam the word of the Lord and v		
for Chris	st. Our desire is to see as r	nany pe	ople saved as possible so	that the	y
may enj	oy everlasting life with our	savior Je	esus Christ.		
	<u></u>				
_ <u>,.</u>		······			
	MANNER OF ELECTION The main   , they are investigated, and then a   V INITIAL OFFICERS AND/OR DI	re presente	the directors are elected and appointed:	ninations an	
Name and Tit	le: George R Iverson	Name and Ti	itle: Forrest M Jackson		
Address	Trustee	Address:	Trustee		
71641033	1422 SE Cross Avenue		6980 SW Collins Street		
	Arcadia, FL. 34266		Arcadia, FL. 34266		
Name and Tit	Rose-Anna M Beauchamp	Name and Ti	itle:		
Address	Treasurer/Clerk	Address:			
	29 Iowa Street				
	Arcadia, FL. 34266				
Name and Tit	le:	Name and Ti	itle:		
Address					

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Name and Title:	Name and Title:
Address	Address:
	<u> </u>
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:

Rose-Anna M Beauchamp	
29 Iowa Street	
Arcadia, FL 34266	

ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Rose-Anna M Beauchamp Name:

Address:

29 Iowa Street

Arcadia, FL 34266

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

Anna M. Beauchamp Required Signature of Registered Agent

7/11/2014 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.

M. Seauchamp Required Signature of Incorporator

7/11/14 Date