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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

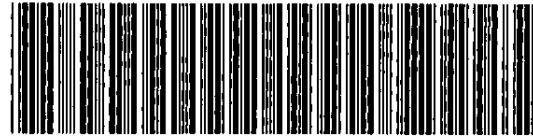
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 AUG -8 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Bethel Star Missionary 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: Bethel Star Missionary Baptist Church  
Name (Printed or typed)

4134 Lincoln Ave  
Address

Marianna FL 32442  
City, State & Zip

850-209-7637  
Daytime Telephone number

tmc-white@yahoo.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:

Bethel Star Missionary Baptist Church Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4134 Lincoln Ave  
Marianna FL 32448

Mailing address, if different is:

P.O. Box 95  
Marianna FL 32447

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Church organization  
Sunday Service, Bible Study, Business Meeting

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Annual Vote

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

Name and Title: Rev. George Williams

Address:

P.O. Box 6  
Midland City 36350

Name and Title: Tomeco White (Clerk)

Address:

4165 Evelyn St.  
Marianna FL 32448

Name and Title: Deacon Darryl Williams

Address:

4526 Basswood Rd  
Greenwood, FL 32443

Name and Title: Earlene Spencer (Trustee)

Address:

2780 Panhandle Rd  
Marianna FL

Name and Title: Thomas Harmon

Address:

(Trustee)  
4161 Evelyn St.  
Marianna FL 32448

Name and Title: Bernan Brewton (Trustee)

Address:

4637 Clayton Dr.  
Marianna 32446

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:

Tomeco White

Address:

4134 Lincoln Ave

Marianna Fl. 32448

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Tomeco White

Address:

4134 Lincoln Ave

Marianna Fl. 32448

- Tomeco White

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

Tomeco White

Required Signature of Registered Agent

8-5-14

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.

Tomeco White

Required Signature of Incorporator

8-5-14

Date

Tomeco White