

N/4000008132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

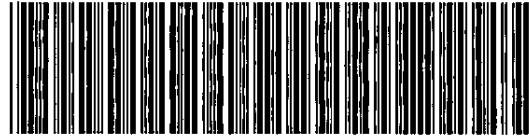
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/03/14

## COVER LETTER

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

SUBJECT: **GOSPEL MUSICIANS FELLOWSHIP, 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: **SAM ATKINSON**

Name (Printed or typed)

**2883 LORETTO RD**

Address

**JACKSONVILLE FL 32223**

City, State & Zip

**904-553-3574**

Daytime Telephone number

**NORMAPOW@COMCAST.NET**

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: GOSPEL MUSICIANS FELLOWSHIP, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2883 LORETTO RD

JACKSONVILLE FL 32223

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TO PROMOTE, PRESERVE AND ENCOURAGE  
GOSPEL MUSIC TO INCLUDE TRADITIONAL HYMNS, BLUEGRASS GOSPEL,  
COUNTRY GOSPEL, SOUTHERN GOSPEL, AND SONGS OF THE CHRISTIAN  
FAITH, AND TO PROVIDE THE OPPORTUNITY AND PLACE FOR CHRISTIAN  
MUSICIANS, SINGERS, AND SONG WRITERS TO COME TOGETHER FOR GOOD  
FELLOWSHIP.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: APPOINTED  
BY THE OFFICERS

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

Name and Title: SAM ATKINSON - PV  
Address: 2883 LORETTO ROAD  
JACKSONVILLE FL 32223

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: JANICE ATKINSON - S  
Address: 2883 LORETTO ROAD  
JACKSONVILLE FL 32223

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: NORMA POWELL - T  
Address: 11864 STONEBRIDGE DR W  
JACKSONVILLE FL 32223

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: SAM ATKINSON

Address: 2883 LORETTO ROAD

JACKSONVILLE FL 32223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

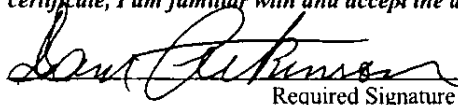
Name: SAM ATKINSON

Address: 2883 LORETTO ROAD

JACKSONVILLE FL 32223

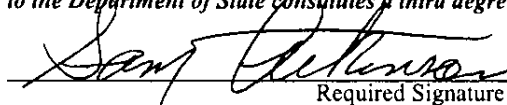
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TALLAHASSEE, FLORIDA

*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

8/28/2014  
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

8/28/2014  
Date