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DIVISION OF CORPORATE SERVICES  
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## COVER LETTER

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

SUBJECT: SUWANNEE NORTH DISTRICT LAY ORGANIZATION 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: CAROLYN Y. FLOYD  
Name (Printed or typed)

11540 S. WOODSONG LOOP  
Address

JACKSONVILLE, FL 32225  
City, State & Zip

(904) 996-7719  
Daytime Telephone number

carolynyfloyd@aol.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: SUWANNEE NORTH DISTRICT LAY ORGANIZATION INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
GREATER GRANT MEMORIAL CHURCH  
5533 GILCHRIST RD  
JACKSONVILLE, FL 32208

Mailing address, if different is:  
CAROLYN Y. FLOYD  
11540 S. WOODSONG LOOP  
JACKSONVILLE, FL 32225

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE TO INCLUDE  
EDUCATION & TRAINING MINISTRY TO THE LAITY OF THE AFRICAN  
METHODIST EPISCOPAL CHURCH OF THE SUWANNEE NORTH  
DISTRICT OF THE EAST ANNUAL CONFERENCE.

**ARTICLE IV    MANNER OF ELECTION**    The manner in which the directors are elected and appointed:  
THE OFFICERS/DIRECTORS WERE ELECTED BY BALLOT BY MAJORITY VOTE OF THE BODY.

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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

Name and Title: CAROLYN Y. FLOYD, PRES.  
Address: 11540 S. WOODSONG LOOP  
JACKSONVILLE, FL 32225

Name and Title: RUTH CARTER, DOLA  
Address: 10956 RIVER FALLS DR.  
JACKSONVILLE, FL 32219

Name and Title: LEWIS PALMER, V. PRES.  
Address: 6266 BARRY DRIVE  
JACKSONVILLE, FL 32208

Name and Title: TIFFANY B. SMITH, TREAS.  
Address: 517 HOUSTON AVE SW  
LIVE OAK, FL 32064

Name and Title: SHIRLEY G. KENNEDY, SEC.  
Address: 8737 2ND AVENUE  
JACKSONVILLE, FL 32208

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

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: CAROLYN Y. FLOYD  
Address: 11540 S. WOODSONG LOOP  
JACKSONVILLE, FL 32225

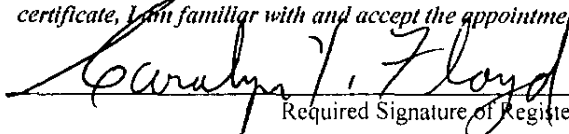
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAE DEVOE FIELDS  
Address: 101 ANDRA DAVIS ST. NW  
LIVE OAK, FL 32064-0371

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*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

08/23/2014

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

08/23/2014

Date