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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2014

ST JAMES METHODIST CHURCH DORIS H. JONES P.O. BOX 641 CHIEFLAND, FL 32644

SUBJECT: ST JAMES METHODIST CHURCH

Ref. Number: W14000062296

We have received your document for ST JAMES METHODIST CHURCH and your check(s) totaling \$78.75. 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. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 214A00021833

COVER LETTER

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

| SUBJECT: St James Methodist Church (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
|--|--|--------------------------------------|--|--|--|
| | | | | | |
| Enclosed is an original a | and one (1) copy of the Artic | cles 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 CO | PY REQUIRED | | |
| FROM: | Doris H. Jones | nted or typed) | - | | |
| | P.O. Box 641 | dress | - | | |
| | Chiefland, FI 3 | | - | | |
| | (250) 040 000 | | | | |

jdorishunter@yahoo.com

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

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I St James Methodist Church Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is: St. James Methodist Church Inc. St. James Methodist Church Inc. c/o P.O. Box 641 326 SW 3rd St. Chiefland, FI 32626 Chiefland, FI 32644 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: This congregation is organized exclusively for religious purposes; To Minister to the spiritual, intellectual, physical and emotional needs of all people, Evangelize to the unsaved by proclaiming the Gospel of our Lord and Savior Jesus Christ through word and deed in a manner that is consistent with requirements of the Holy Scriptures. MANNER OF BLECTION The manner in which the directors are elected and appointed: As stated in the ARTICLE IV Bi-laws: The Administrative process of electing directors will occur every two years. INITIAL OFFICERS AND/OR DIRECTORS

| Name and Title | John C. Jones / Director | Name and Title | Robert Williams / Director |
|----------------|----------------------------|-----------------|----------------------------|
| Address | 128 SW 18th Ave | Address: | 1606 SW 20th Ct. |
| | Chiefland, Fl 32644 | | Chiefland, FI 32626 |
| | | | |
| Name and Title | Willie Jones Jr./ Director | Name and Title: | Sammy L. White / Preacher |
| Address | 302 SW 18th Ave | Address: | 20150 24th Pl |
| | Chiefland, FI 32626 | | Williston, Fl 32696 |
| Name and Title | Amy Jones / Treasurer | Name and Title | Elizabeth Brown / Preacher |
| Address | P.O. Box 444 | Address: | 20591 NE21st St. |
| | Chiefland, FI 32644 | | Chiefland, Fl 32626 |
| | | | |
| | | | |

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| Name and Title | Doris H. Jones / Secretary | Name and Title: | Devin Jones / Deacon | | |
|--|---|---------------------------------------|---|-------------|---|
| Address | P.O. Box 641 ' | Address: | 128 SW 18th Ave | | |
| | Chiefland, FI 32644 | • | Chiefland, FI 32626 | | |
| Nome and Title | : | Nama and Title | | | |
| Name and The | | | · · · · · · · · · · · · · · · · · · · | | |
| Address | | _ Address: | | | |
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| ARTICLE VI | REGISTERED AGENT Florida street address (P.O. Box NOT acce | ntable) of the regi | stered agent is: | | |
| | Willie Jones Jr. | plante) of the regi | stercu agent is. | | |
| Name: | 302 SW 18th Ave | | | 443 | ∰ < |
| Address: | | | | 007 | |
| | Chiefland, Fl 32626 | | | 124 | |
| ARTICLE VI | I INCORPORATOR | | | | 12 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | address of the Incorporator is: | | | = | A T |
| Name: | Doris Hunter Jones | <u></u> | | AM III: OR | |
| Address: | P.O. Box 641 | | | | :E) |
| | Chiefland, FI 32644 | | | | |
| Having been n | amed as registered agent to accept service | of process for the | e above stated corporation at the place | designates | l in this |
| certificate, I an | s familiar with and accept the appointment of | is registered agen | t and agree to act in this capacity | | |
| 11/11 | fer lans. | | October 20, | 2014 | |
| Required Signature of Registered Agent | | Date | | | |
| | ocument and affirm that the facts stated here ent of State constitutes a third degree felony | | | ted in a do | cument |
| Dan | in H. Onnan | , , , , , , , , , , , , , , , , , , , | October 20, | 2014 | |
| 1000 | Required Signature of Incor | porator | Date | | |