

N/14000009950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

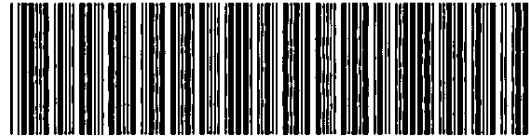
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

14 OCT 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 10/28/14

COVER LETTER

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

SUBJECT: Impact Community Ministries Incorporation

(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: Willie Gibson
Name (Printed or typed)

1583 Lombard St NW
Address

Palm Bay, FL 32907
City, State & Zip

321-952-2005
Daytime Telephone number

changecanhappen13@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: Impact Community Ministries Incorporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1590 Schoolhouse Street

Merritt Island, FL 32953 (Renting)

Mailing address, if different is:
P.O. Box 110394

Palm Bay, FL 32911-0394

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ was organized to

bring God's people a way to understand and apply the scriptures to everyday life

struggles and daily problem solving. It is a ministry founded on the Gospel of

Jesus Christ,

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed by the
Pastor

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

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: Willie Gibson

Address: 1583 Lombard Street NW

Palm Bay, FL 32907

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jowell Gibson

Address: 1583 Lombard Street NW

Palm Bay, FL 32907

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

Willie Gibson

Required Signature of Registered Agent

Willie Gibson

10/16/2014

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.

Jowell Gibson

Required Signature of Incorporator

Jowell Gibson

10/16/2014

Date