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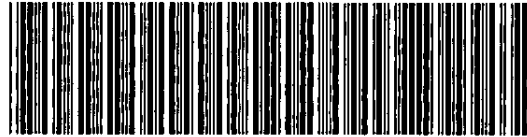
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T. SCOTT



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DIVISION OF REVENUE  
11 NOV -5 AM 9:11

**COVER LETTER**

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

**SUBJECT:** Bible Teachers International - Sarasota, 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 McKinnon  
Name (Printed or typed)

3526 24th Parkway

Address

Sarasota, Florida 34235

City, State & Zip

941-961-5312

Daytime Telephone number

cmcshalom@verizon.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: Bible Teachers International- Sarasota, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2123 University Parkway

Sarasota, Florida 34234

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Ministry: Worship Services; Bible studies;  
Outreach Ministry; Youth Ministry.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed as stated in the Bylaws

Banks, Mary President Director; McKinnon, Carolyn Vice President: Bush, Melinda Sect/Treasury

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

Name and Title: Banks, Mary President Director

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

Address 1112 Hidden Spirit Trail  
Lawrenceville, Ga. 30045

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

Name and Title: McKinnon, Carolyn Vice President

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

Address 3526 24th Parkway  
Sarasota, Florida 34235

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

Name and Title: Bush, Melinda Sect/Treasury

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

Address 2405 19th Street  
Sarasota, Florida 34234

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

NOV - 5 AM 9:12

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: Mckinnon, Carolyn

Address: 3526 24th Parkway

Sarasota, Florida 34235

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valerie Gooden

Address: 6856 NW. 32nd Street

Margate, Florida 33063

*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*

Carolyn Mckinnon  
Required Signature of Registered Agent

9/20/14  
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.*

Valerie Gooden  
Required Signature of Incorporator

9/20/14  
Date

NOV - 5 AM 9:12  
DIVISION OF CORPORATIONS