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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2015
S. GILBERT

COVER LETTER

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

SUBJECT: NORTH CENTRAL DISTRICT 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: ALONZO MULBERRY
Name (Printed or typed)

2113 CRILL AVE
Address

PALATKA, FLORIDA 32177
City, State & Zip

386-937-3500
Daytime Telephone number

ALMULBERRY@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: NORTH Central District INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1700 N. STATE RD 19

PALATKA, FL 32177

Mailing address, if different is:

P.O. Box 2092

PALATKA, FL 32178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for Religious Services, meetings
conferences, and Fellowship and being able to conduct
any and all lawful business transactions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the
Majority of Congregats with Pastoral Approval.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Supt. ALONZO MULBERRY Name and Title: MARRA MULBERRY

Address: 2113 CILL AVE Address: 2113 CILL AVE
PALATKA, FL 32177 PALATKA, FL 32177
(President) (Director)

Name and Title: Pastor DANNIS TOMPKINS Name and Title: _____

Address: 6119 Ambassador Dr. Address: _____
ORLANDO, FL 32808
(VP)

Name and Title: NATASHA TOMPKINS Name and Title: _____

Address: 6119 Ambassador Dr Address: _____
ORLANDO, FL 32808
(Director)

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: ALONZO MULBERRY

Address: 2113 CRILL AVE
PALATKA, FL 32177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALONZO MULBERRY

Address: 2113 CRILL AVE
PALATKA, FL 32177

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

AL MULBERRY

Required Signature of Registered Agent

1-9-2015

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.

AL MULBERRY

Required Signature of Incorporator

1-9-2015

Date