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(Address)

(City/State/Zip/Phone #)

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15 JAN 26 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/3/15

## COVER LETTER

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

SUBJECT: **SIMPLE FAITH CHURCH CORP**

(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: **SIMPLE FAITH CHURCH CORP**

Name (Printed or typed)

**81 BUD'S LANE**

Address

**SANTA ROSA BEACH, FL 32459**

City, State & Zip

**850-267-0455**

Daytime Telephone number

**STHORNTON821@GMAIL.COM**

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

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**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: **SIMPLE FAITH CHURCH CORP**

**FILED**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

**81 BUDS LANE**

**SANTA ROSA BEACH, FL 32459**

Mailing address, if different is:

**P O BOX 4349**

**SANTA ROSA BEACH, FL 32459**

**15 JAN 26 PM 4: 23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: **A NON-DENOMINATIONAL, NOT FOR PROFIT**

**RELIGIOUS ORGANIZATION**

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

**Nominated by the pastor and existing board and accepted by the nominee**

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

Name and Title: **Ronnie L McBrayer, President**

Address: **P O Box 4943**

**Santa Rosa Beach, FL 32459**

Name and Title: **Susan Thornton, Treasurer**

Address: **P O Box 4943**

**Santa Rosa Beach, FL 32459**

Name and Title: **William G McConnell, Vice Pres**

Address: **P O Box 4943**

**Santa Rosa Beach, FL 32459**

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

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

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

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

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

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

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: Susan Thornton

Address: 216 Sky High Dune Drive

Santa Rosa Beach, FL 32459

**ARTICLE VII INCORPORATOR**

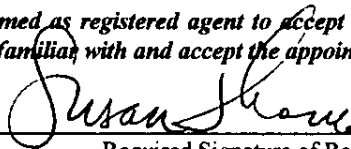
The name and address of the Incorporator is:

Name: Susan Thornton

Address: 216 Sky High Dune Drive

Santa Rosa Beach, FL 32459

*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*

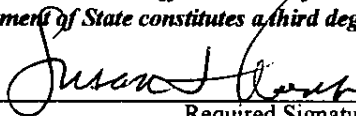


Required Signature of Registered Agent

1/16/15

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

1/16/15

Date

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