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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT:** St. Joseph United Methodist Church, 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:** Lincoln Brooks  
Name (Printed or typed)

2038 Blair Street  
Address

Jacksonville, FL 32206  
City, State & Zip

904-248-1819  
Daytime Telephone number

linc914@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: St. Joseph United Methodist Church, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
925 Spearing Street

Jacksonville, Fl 32206

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To be recognized as a legal non-profit religious institution.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

They were elected and appointed through the means of our annual charge conference.

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

Name and Title: Trustee- Lincoln Brooks

Address: 2023 Blair Street  
Jacksonville, Fl 32206

Name and Title: Treasure- Pamela Jones

Address: 1927 Brackland Street  
Jacksonville, Fl 32206

Name and Title: Trustee- Ethel Lamb

Address: 5020 Donnybrook Avenue  
Jacksonville, Fl 32206

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

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

Name and Title: Trustee- Sheila Brooks

Address: 2023 Blair Street  
Jacksonville, Fl 32206

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

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

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Name and Title: Trustee- Rosa Hickson Name and Title: \_\_\_\_\_  
 Address: 2002 Bridier Street Address: \_\_\_\_\_  
Jacksonville, FL 32206 \_\_\_\_\_  
 \_\_\_\_\_  
 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: Avis D. Smith  
 Address: 925 Spearing Street  
Jacksonville, FL 32206

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Autopashia Alston  
 Address: 918 Spearing Street  
Jacksonville, FL 32206

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

Avis D. Smith  
 Required Signature of Registered Agent

January 15, 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.

Autopashia Alston  
 Required Signature of Incorporator

1-20-15  
 Date

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